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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01355 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 20. DATE KNOWN 2b. HOUR (Type or Print) ESTI-Allen DEATH MATED TO William 19 4 2 000 M Henry delay IE UNOER 1 YEAR IF UNDER 24 HRS. men 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR last birthday) 5:11pm 14 May 1920 Male Negro YRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH 1 and 2 with the State De e certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form WIDOWED | DIVORCED [ Prince George's Item 18. Give Poges UNIT NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Prince George Gen. Hospital during most of working life, even if retired.) INDUSTRY Cheverly 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before Seart OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER after death. odmission) STATE 13pffffice George's Pleasant Md. YES NO 7410 Booker Drive 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost Tyler William H. Allen, Deceased Laura poges 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) (If yes give war or dates of service) Cleo Allen 7410 Booker Dr. St. Pleasant, Md. 578-16-3523 event within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) executed BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Liver failure DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove Cirrhosis of liver over 4 vrs. rise to immediate couse (a), certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 00 removol nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [ NO T 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. burial, cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held on Autopsy , Inspection k, Inquiry k, and in my apinion Natural causes x. Accident . Suicide . Homicide | death resulted from: Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** TO FUNE Health ADDRESS(Street, city, town, or county) NAME (Type) Riverdale, Md John Kehoe, M.D. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, (County) REMOVAL (Specify)
Burial Prince George, Maryland
25b. REGISTRAR 25b. REGISTRAR'S CHEMATHER 24. FUNERAL DIRECTOR occurren Judg 10M REV. 1/68

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First 20. DATE KNOWN Month Doy (Type or Print) ESTI-Cora DEATH MATED TO 19 2 2 000 M Elizabeth Armstrong 4. RACE 6. AGE (In years IF UNDER 24 HRS. S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR White 7-7-1893 Female 74 YRS 6:150p M 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED 3 DIVORCED [ Prince George's 8. Give Pages the State 10. CITY OR TOWN OF DEATH Office alang with 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
106 Spruce Street during most of working life, even if retired.) INDUSTRY Laurel Jand 2 with 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Prince George YES NO 🔀 106 Spruce Street Laurel after 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Lost First Middle Lost Chief Medical Examiner's 166 SOCIAL SECURITY NO. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Heart failure minutes Arteriosclerotic heart disease DUE TO, OR AS A CONSEQUENCE OF unknown Conditions, if ony, which gove rise to immediate couse (a), certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse shauld be farwarded to the .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removal, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? the certificate, pe YES NO NO 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) WHILE NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry x and in my apinion Suicide . Hamicide deoth resulted fram: Natural causes & Accident . Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. 7-17-68 DEPUTY MEDICAL EXAMINER 5 may ro FUNE Health **EXAMINER'S** NAME (Type), John Kehoe, M.D. ADDRESS(Street, city, town, or county) Riverdale, Md. 230. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 24. EUNERAL DIRECTOR 10M REV. 1/68

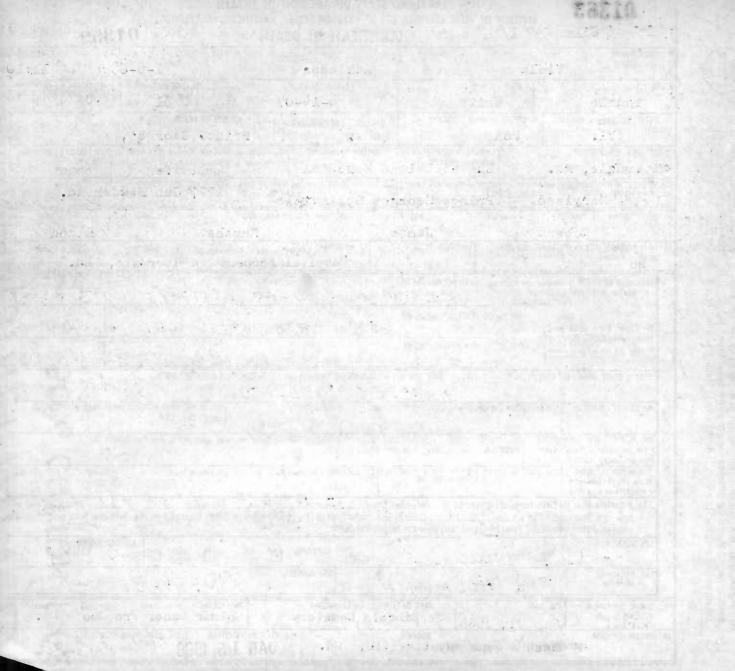
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where dacessed lived, If institution: Residence before admission) b. COUNTY Howard a. COUNTY a. STATE N MARYLAND pue b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) within 24 write RURAL end give nearest town) Laurel (rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE hours ON A FARM? Washington B lvd completely YES NO I Hospi tel Don mal paper 72 NAME OF Middle Last 4. DATE Month Year DECEASED OF within (Type or print) DEATH 1908 GATOR ARTHUR 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS and 7. MARRIED TINEVER MARRIED Jest birthday) male Months September 1909 WIDOWED T DIVORCED [ physician remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Horse Racing Irainer of horses please 2 13. FATHER'S NAME MOTHER'S MAIDEN NAM Then removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT or datas of servica) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN 0 ONSET AND DEATH Acute anterior myocardial infarction IMMEDIATE CAUSE (e) burial-transit DUE TO S Arteriosclerotic cardiovascular disease Conditions, if eny, which geva rise to immadiate ceuse DUE TO (a), steting the underlying the cause last. certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY hospital SE CERTIFICATION PERFORMED? USB prior NO J for 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) Health OR CONTRIBUTING CAUSE OF DEATH detached 20c. TIME OF INJURY 2Dd. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, ferm, ! (County) (State) Month, Day, Yeer refained ō factory, street, office bldg., etc.) While Not While Hour e.m. DIRECTOR: Dept. et work et work p.m. Pe 21. I certify that (I) (this hospital) attended the deceased from... should M. from the causes and on the date stated ebove. and that death occurred at. saw the deceased alive on.... 220. SIGNATURE ATTENDING HOSPITAL FUNERAL PHYS. DIRECTOR PHYS. M.D 22d, ADDRESS 22c. HYSICIAN'S rector, 23a BURIAL, CREMATION, 23b. DATE THEREOF OF CEMETERY OR CREMATORY 23d. LOCATION (City, town) or county る音品 REMOVAL (Specify) 25b. REGISTRAR'S BUNERAL/DIRECTOR'S SIGNATURE ADDRESS REC'D BY REGISTRAR VR A15 (4) 20M 5-63

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEATTH DEPT 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Doy Yeor Lebaum (Type or Print) OF ESTIDEATH MATED Jan. 26 Page Louis David the State Department 6. AGE (In years LE LINDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 3 SEX 4. RACE S DATE OF BIRTH 2, and PM3. 1968 white March 11.1947 male 20 YRS MARRIED NEVER MARRIED 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? olang with farm DIVORCED | WIDOWED [ Prince George's TISA York 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done IO CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY Camp Springs 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER with ofter death. 1457 East 10th Street 13b. FEQUATY S Brooklyn, N. YYES NO Office lond 2 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME Middle Lost Robert Anflebaum Hariette Pessin E rd 'pending' in pencil in Chief Medicol Examiner's haurs pages 16b. SOCIAL SECURITY NO INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? pencil within (Yes, no, or unknown) Bethesda Naval Hosp. Records Death time of File be executed event within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Gunshot wound of chest minutes IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise ta immediate couse (a). ward certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse the .= forwarded to pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 writing t 05 removal 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificate, YES X NO T pe 4 should be D 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 shauld About 1:30PM 1-26-68 PRIMARY OR CONTRIBUTING crematian, Shot by assailant. CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. City or Town Stote 21 d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, County foctory, office building, etc.)
Shoulder of NOT WHILE AT WORK AT WORKS road. Md. Rt. 495 Camp Springs P.G. 220. I certify that I took charge of the remains described above, held an Autapsy [X], Inspection [X], Inquiry [33] ond in my opinion director. Natural causes Accident | Undetermined manner death resulted fram: Suicide . Homicide X CHIEF MEDICAL EXAMINER ACTUAL may be re FUNERAL ( 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** ADDRESS(Street, Riverdale, Md. John Kehoe, M.D. NAME (Type) the 0 230. BURIAL CREMATION. 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) BROOK -28-68 YEMOU'A HAIRCH T= H. ADDRESS 110 Z LL. JKOND 250T REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV 1/68

CONTRACTOR OF THE PROPERTY OF THE RESERVE OF THE PARTY OF THE BLEERING TO SOT STREET, BEST PER NO

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 6 Film G397 1/24/68 kk 01359 CERTIFICATE OF DEATH 2b. HOUR Middle Last 2a. DATE OF DEATH DECEASED-NAME First TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. I dind Manth (Type ar print) Year Viola Atkinson IF UNDER I YEAR IF UNDER 24 HRS. 4. RACE 5\_DATE OF BIRTH 6- AGE (In years 3. SEX ( Jast birthday) 4-14-07 female White haurs 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7a, BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED country) filled in Prince Georges, USA VA. WIDOWED KT DIVORCED [ **FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban paper should be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane during mast af working life, even if retired.) INDUSTRY give street address Leland Memorial Riverdale, Md. home 13e STREET AND NUMBER 1227 Gun Powder Rd. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? admission) STATE Maryland 13b. COUNTY rince Georges Beltsvily NO 15. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Last First Middle Bland Robert James Martha 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) (If yes give war or dates of service) Hospital records Riverdale, Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN DISSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) WEEKS CEREBROVASCULAR DUE TO, OR AS A CONSEQUENCE OF GEN. ARTERIOSCLEROSIS UNKNOWN (anditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) MELLITUS 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO [ 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) HOUR A.M. Manth Day Year P.M. (AT HDME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. Na. OFFICE BUILDING, ETC. State City or Town County 21d. INJURY OCCURRED 21e. PLACE OF INJURY While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased fram 12-18, 1967, ta 1968, that (I) (we) last saw the deceased olive on 1968, ond that in (my) (our) apinion death accurred on the date and hour and from the saw the deceosed olive on\_\_\_\_ causes stated obove, (I) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING DEGREE PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S VERDA NAME (Type) 23d. LOCATION (City or Town) (County)
Colmar manor Pro Geo (State) 23c. NAME OF CEMETERY OR CREMATORY (County) 23b. DATE 23a. BURIAL, CREMATION Md. Ft Lincoln Cemetery REMOVAL (Specify) 9 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR Hyattsville, Md. Gasch's Sons 1968 30M REV. 1/68

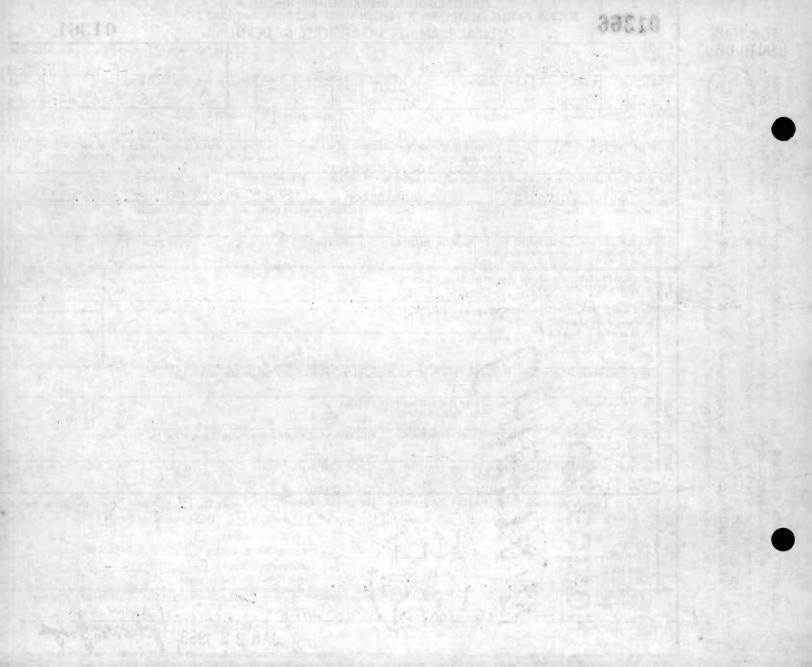


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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01360 CERTIFICATE OF DEATH DECEASED-NAME First Middle 20 DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death (Type or print) 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IE LINDER 24 HRS last birthday) OAYS HOURS YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED country) DIVORCED [ WIDOWED 13 and completely filled in remave carban paper burial, crematian, ar remaval, and in any event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of working life, even it retired.) ANDUSTRY 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY NO 6 rine. 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle physician 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: (0170/01/0 IMMEDIATE CAUSE (a) \_\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave signed by the burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital ar attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as been a street prior to b 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? YES 🗔 NO T certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year r this certifi directar, page 3 shauld be detached shauld be filed with the State Dept. of (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State OFFICE BUILDING FTC While Not while at work O FUNERAL DIRECTOR: After 22a. I certify that (1) (this haspital) attended the deceased fram\_ and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an\_ causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY-23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (State) (County) REMOVAL (Specify) 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 30M REV. 1/68

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01366 01361 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED-NAME First Middle 2g. DATE KNOWN Month 2h. HOUR (Type or Print) ESTI-OF ny delay is 2, and 3 to PM3. Page Rose Ball Marie DEATH MATED 00an ment 4. RACE 6. AGE (In years IF UNDER 24 HRS. 3. SEX 5. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR 198: QOam M Female Negro YRS 7, with the State Deplet 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Office olong with form country) WIDOWED [ DIVORCED F Prince George's Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) **INDUSTRY** Landover Wooded Area Landover 13d. INSIDE CITY LIMITS? ofter deoth. 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13b. COUNTY Item 18. 503 7th. YES 🗔 NO 🗆 I and 2 14. FATHER'S NAME First Lost 15. MOTHER'S MAIDEN NAME Middle Lost the certificate, writing the word "pending" in pencil in 4 should be forworded to the Chief Medical Examiner's pages hours .⊆ 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. within pencil 17. INFORMANT **ADDRESS** (Yes, na, ar unknown) (If yes give war or dates of service) File within APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) be executed BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gun shot wound of head event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate cause (a). ony certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause .⊆ writing the and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) removol CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY2 WAS PERFORMED? This YES V NO T pe 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) cremation, or 3 should HOUR A.M. PRIMARY ... OR CONTRIBUTING EXAMINER: Unknown CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.) FUNERAL DIRECTOR: Poge NOT WHILE IT AT WORK pleose execute unknown unknown buriol, 22a. I certify that I taak charge of the remains described abave, held an Autapsy ... Inspection X Inquiry x and in my apinian director. death resulted fram, Natural causes Hamicide x Suicide Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funerol SIGNATURE DEPUTY MEDICAL EXAMINER & TO FUN. Health **EXAMINER'S** NAME (Type) John Kehoe. "iverdale, Md. ADDRESS(Street, city, tawn, or county) 23a. BURIAL CREMATION 25d. LOCATION (City or Town) (State) (County) REMOVAE (Specify) UNIVOF M 24. FUNERAL DIRECTOR VR A15ME (5) 10M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01362 CERTIFICATE OF DEATH DECEASED-NAME Lost 2o. DATE OF DEATH First requires that the death certificate be executed within 24 haurs after death. (Type or print) Anhie 4. RACE 3. SEX DATE OF BIRTH IF HINDER I YEAR IF UNDER 24 HRS (In years CAUCASIAN last birthagy) ZYAG HOURS Pages 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country physician and campletely filled in please remave carban papers +EORG WIDOWED X DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR during most of working life, even if retired.) give street address INDUSTRY ditector, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban shauld be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, witl 50 X 13e. STREET AND NUMBER 13c. CITY OR TOWN 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d. INSIDE CITY LIMITS? 3508 YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost Lost SANDERS ENDERSON LAURENA 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. MRS HELEN B MATHEWSAddress SAME Yes, na, or unknown) I (If yes give wor or dates of service) NONE APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (r).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Canditions, if ony, which gove rise to immediate couse (a) signed by DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION Q FUNERAL DIRECTOR: After this certificate has been 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES [ 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 ar Part 2, Item 18.) GR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No 21e. PLACE OF INJURY State City or Town County While Nat while ot work 22a. I certify that (I) (this haspital) attended the deceased framsaw the deceased alive an\_\_\_\_\_ \_\_19 , and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stoted above, (I) (we) (did) (did not) view the body after death. 22c. DATE SIGNED ATTENDING STAFF DIRECTOR DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY CATION (City or Town) BURIAL, CREMATION (State) VR A15 (4) 30M REV, 1/68

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MAKILAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01363 CERTIFICATE OF DEATH death death uneral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE Prince Georges after MARYLAND bysthe b. CITY OR TOWN (If autside corparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Glenn Dale (rural) hours 2 yrs. Washington, D. C. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE paper ON A FARM? Glenn Dale Hospital 217 Varnum St., N. W. and in any event, within NO K requires that the death certificate be executed within 3. NAME OF and campletely I remave carban Middle 4. DATE Month Year DECEASED
(Type ar print) Emma R. Banks 20 68 DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS birthday) Months Haurs 11/29/1903 N DIVORCED WIDOWED and 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign cauntry) 12. CITIZEN OF WHAT lease during most of working life, even if retired) INDUSTRY COUNTRY? physician Washington, D. C. 13. FATHER'S NAME ᇻ 14. MOTHER'S MAIDEN NAME crematian, or remayal. Then Robert Banks Lelia Moss 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, na, ar unknawn) (If yes give wor or dotes of service) no unknown Decedent CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p burial, crematic PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) Recurrent cerebrovascular accidents with left **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. months hemiplegia Conditions, if any, which gave rise ta immediate cause (a), DUE TO stoting the underlying cause has been the (c) Generalized arteriosclerosis years as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? use be detached far use State Dept. af Health Hypertensive and arteriosclerotic cardiovascular disease TO FUNERAL DIRECTOR: After this certificate NO X PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Manth, Day, Year 2Dd INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (Stote) Haur a.m. foctory, street, office bldg., etc.) Nat While ATTENDING at work 21. I certify that \*() (this hospital) attended the deceased fram 1/25/, 1966, to 1/20/, 1968, that (\*) (we) last saw the deceased alive on 1/20/ 1968, and that death accurred at 7:45 AM, fram causes and on the date stated obove. shauld 22a. SIGNATURE 22b. DATE SIGNED 1/20/1968 M.D. DIRECTOR X PHYS. directar, page shauld be filed PHYS 22c. PHYSICIAN'S 22d. ADDRESS Glenn Dale Hospital NAME (Type) Moe Weiss, M. D. Glenn Dale, Md. 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify)

24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 DATE JAN

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01369 01364 CERTIFICATE OF DEATH DECEASED-NAME Middle First Lost 20. DATE OF DEATH 2b. HOUR (Type or print) John E. Barker 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR requires that the death certificate be executed within 24 haurs after Glost birthdoy) Male White 4/4/21 burial-transit permit. Then please remave carban papers. Page burial, crematian, or removal, and in any event, within 72 hours a 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) DELAWARE has been signed by the attending physician and completely filled in se as the burial-transit permit. Then please remave carban papers. DIVORCED [ WIDOWED 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR H during most of working life, even if retired) Cheverly 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Pr. odmission) STATE Maryland YES George's Riverdale 5011 Sheridan St. 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle BARKER WRIGHT HELEN 17. INFORMANT BARBARA 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. BARKER Yes, no, or unknown) 577.289300 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) ACIDOSIS DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) far use as the k Health priar to b 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CAUSES OF DEATH? YES X NO [ O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor directar, page 3 shauld be detached I shauld be filed with the State Dept. of (If either, notify medical examiner) P.M. Dept. c 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Not while of work at work L 22a. I certify that (I) (this haspital) attended the deceased from 19/10 , 19/00, to anuary 13, 19/08, that (I) (we) last saw the deceased alive an 19/10 , and that in (my) (our) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the bady after death. 22c, DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR PHYS. 22e, ADDRESS NAME (Type) SAMUEL 23b. DATE 250. REC'D BY REGISTRAR FUNERAL DIRECTOR ADDRESS VR A15 (4) 30M REV. 1/68

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4	MARYLAND STATE DEPARTMENT OF HEALTH	
FOD CTATE	01379 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01365
FOR STATE		
	(Type or Print)	Doy Yeor 2b. HOUR
loy is	Betty Laura Barnes DEATH MATED & 1-5-	-68 193:00a M
deloy and 3 3. Pa	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years   IF UNDER 14 YEAR   IF UNDER 24 HRS   2c. DATE PRONOUNCED DEAD   MONTHS   DAYS   HOURS   MIN.   Month   Day	2d. HOUR
	Female   White   9-8-1919   48 YRS     1 5	68 19 7:55a M
Dep m	70. BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   1. COUNTRY   1. COU	
for for the last	Nebraska   U.S.A.   WIDOWED   Prince George's	Md
Pog Pog /ith /ith	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.)	12b. KIND OF BUSINESS OR
after deoth 3. Give Pogr blong with with the Sto	Hillcrest Heights 5204 27th, Ave. Housewife	at home
oth ath	13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY	
18 18 2 W de	Ma. Prince George Same as #10 15 10 1 5204 27th. Ave	•
hours after deoth my ltem 18. Give Poges 1, 2, Office along with form P 1 and 2 with the State Department	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
24 hours after deoth in Item 18. Give Poges r's Office olong with for es 1 and 2 with the State irs ofter death.	10001	in <sup>u</sup>
within 24 pencil in caminer's caminer's le poges 72 hours	16a. WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   47.   AD	
be executed within "pending" in pencil rief Medicol Examine nnsit permit. File pog event within 72 hou	(Yes, no, or unknown) (If yes give war or dates of service) 577.50.7512 Wm.T.Barnes same as #11	
ed in	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
oe executed "pending" ii lief Medicol nsit permit.	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0) Carcinoma of stomach	over 11 mo.
exe andi Me t pe	DUE TO, OR AS A CONSEQUENCE OF	
"pe "pe hief onsi	Canditians, if any, which gave rise to immediate couse (a). (b)	
ould be executed vord "pending" in the Chief Medical Eal-tronsit permit. Font event within	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be on the word "pe on the Chief burial-tronsit in ony ever	lost. (c)	
d + b	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ifico iting orde ol, c	2 /5/X	
is certification for word for word for word removo	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
his ate, e fo	HILL CONTROL OF THE C	YES NO
#_ 0	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 4 PRIMARY OR CONTRIBUTING HOUR A.M.	m 1B.)
INER: Te certific should b files. 3 should intion, or	K   CAUSE OF DEATH   P.M. 19	
		Caunty State
ecute Page or you R: Page id, cre	WHILE NOT WHILE at work at work	COLUMN P
pepury bloase execute the certile funeral director. Page 4 should may be retoined for your files. FUNERAL DIRECTOR: Page 3 shows ofth prior to burial, cremation,	220. I certify that I took charge of the remains described above, held on Autopsy 🔀, Inspection 🕱, Inquiry 🔯	ond in my opinion
tor te e e bull bull bull	deoth resulted from: Notygo couses 🔲, Agident 🔲, Suicide 🔲, Homicide 🔲, Undetermined monner [	
please retoinect DIRECTOIL	CHIEF MEDICAL EXAMINER	
AL AL	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE S	IGNED
Sary sary y by V by V by	EXAMINER'S DEPUTY MEDICAL EXAMINER & 1-5-	-68
o DEPUTY SICA necessary, please e the funeral director 5 may be retoined O FUNERAL DIRECT Health prior to bu	NAME (Type) John Kehoe, M.D. Riverdale, Md. ADDRESS(Street, city, town, or county)	
necessary, please the funeral directors may be retained to FUNERAL DIRECTOR Health prior to be	DEMOVAL (Speciful )	(Caunty) (State)
1	Burial 1.8.68   Cedar Fill emetery   Sultland Mary	
WE ATELE IST	24. FUNERAL DIRECTOR  ADDRESS  ADDRESS  Vash. 25b. REGISTRAR 25b. REGISTRAR'S SI	
VR A15ME (5) 10M REV. 1/68	Lee Funeral Home 300.4th st N E D C DATEJAN 8 1968 IChan	as Jacobs ~
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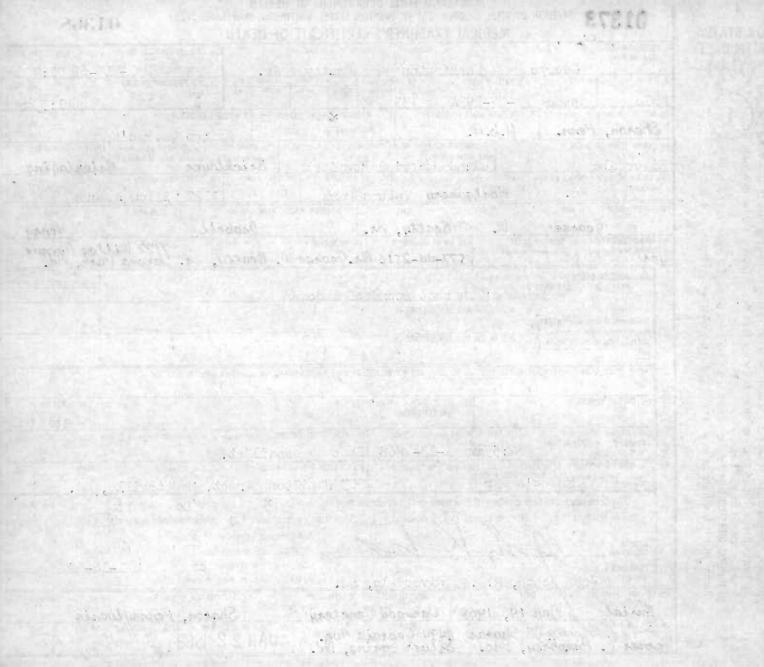
01371 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01366 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR (Type or print) Charles Jan A. Barr signed by the attending physician and campletely filled in by the fu burial-transit permit. Then please remave carban papers. Pages 1 burial, crematian, ar remaval, and in any event, within 72 haurs after 3. SEX 4. RACE the death certificate be executed within 24 haurs after S. DATE OF BIRTH 6. AGE (In years last birthday) in by The Pages IF UNDER 1 YEAR IF UNDER 24 HRS. White Male 2/11/97 DAYS HOURS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Md. USA Prince Georges WIDOWED X DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Leland Memorial during most of warking life, even if retired.)
Retired butcher INDUSTRY Riverdale Food store 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? admission) STATE Md Prince Georges 6012-39th Avenue 20782 Hyattsville YESX X NO 14 FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Middle William Barr Julia Lynch 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Hospital Records Yes, na, or unknown) 216 05 6059 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a) (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) rise ta immediate cause (a). 4 may be retained by the haspital ar attending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ficate has been s far use as the b f Health priar to b CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year directar, page 3 shauld be detached that shauld be filed with the State Dept. af (If either, natify medical examiner) P.M be detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Lift or Town Caunty State TO FUNERAL DIRECTOR: After this While Nat while at wark at wark L 220. I certify that (1) (this hospital) attended the deceased from\_ sow the deceosed olive on ond that in (my) (our) opinion death occurred on the date and hour and from the couses stated above (1) (we) (did) (did not) view the body ofter deoth. 22h SIGNATURE **ATTENDING** STAFF DEGREE DIRECTOR PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR FREMATORY 23d. LOCATION (City or Town) (County) (State REMOVAL (Specify) . 1968 Prospect Hill Cemetery Washington D. 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Gasch's Sons Hyattsville, 30M REV. 1/68 Ochanles DATE JAN

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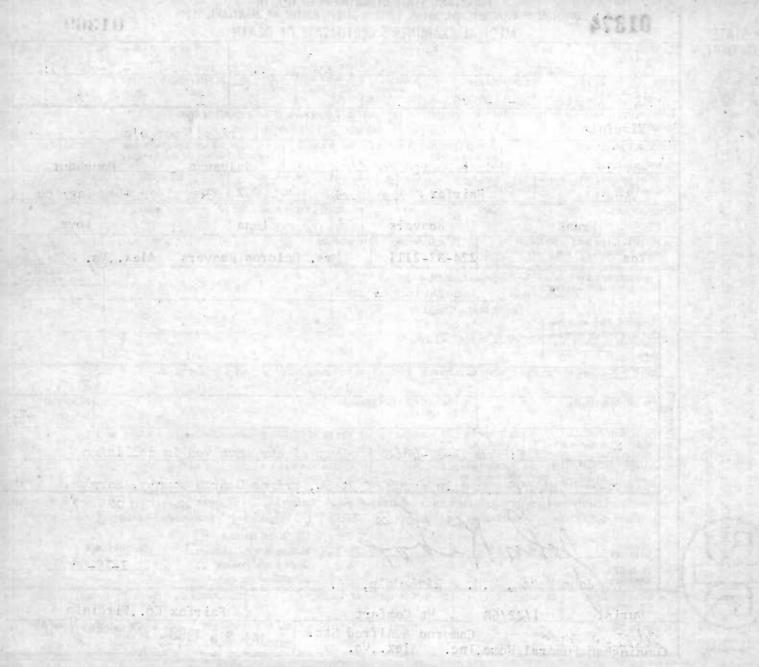
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MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01368 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH EALTH-DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month 2b. HOUR (Type or Print) ESTI-DEATH MATED George Washington 7- 73-68 197 Beatty Jr. .30amM 6. AGE (In years last birthday) 3 SFX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d HOUR 68197 . 3Dam M Male White 4-27-1934 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Maron, Penn. U.S.A. WIDOWED [ DIVORCED T Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Office along with give street oddress) Leland Memorial Hospital during most of working life, even if retired.) Sticklaying land 2 with the Riverdale 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 3c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER after death. 13b. COUNTY taomery admission) STATE Md -Takoma Park YES NO 7122 Willow Avenue 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Beatty. Sr. Isabell Henry George e certificate, writing the ward "pending" in pencil in shauld be farwarded to the Chief Medical Examiner's haurs pages 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 166. SOCIAL SECURITY NO. 17. INFORMANT

577-44-2516 Mr. George W. Beatty. Sr. Jakoma Park Md. ues event within executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Gun shot wound of abdomen DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= writing the PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) OS crematian, or remaval, 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES EX NO T 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 shauld PRIMARY EXT OR CONTRIBUTING 1-13-1968 Shot by assailant. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R.F.D. No. City or Town County Stote WHILE AT WORK I Lee's Bar 2903 Hamilton Street, Hyattsville, Md. 22a. I certify that I took charge of the remains described above, held an Autopsy X, Inspection x, Inquiry x and in my apinian death resulted fram: Natural causes ... Accident ... Suicide ... Hamicide ... Undetermined manner CHIEF MEDICAL EXAMINER 5 may be reta TO FUNERAL DII Health priar t ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 5 FYAMINER'S NAME (Type) John Kehoe, M.D. Riverdale, Md. A ADDRESS(Street, city, town, or county) 23a. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) (State) Oakwood Cemetery Jan 19. 1968 Sharon. 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Thomas Pumphrey. 41



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01369 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month 2b. HOUR (Type or Print) deloy n nd 3 to Rage OF ESTI-Frank 19 5 05a M Beavers 4 RACE 6. AGE (In years IF LINDER 24 HRS 2c. DATE PRONOUNCED DEAD 3. SEX S DATE OF BIRTH 2d. HOUR last birthday) Month White 4-14-1929 38 YRS Male 2 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) Virginia USA WIDOWED | DIVORCED T Prince George's e State 8. Give Poges 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR the certificate, writing the word "pending" in pencil in Item 18. Give Pog 4 should be forwarded to the Chief Medical Exominer's Office olong with during most of working life, even if retired.) give street oddress)
Prince George Hospital INDUSTRY Salesman Doughnut Cheverly 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Fairfax V Alexandria YES NO X 2326 River view Terrace in Item 1 ofter 14. FATHER'S NAME First IS MOTHER'S MAIDEN NAME First Middle Frank Lena Beavers Love haurs bages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes give war or dates of service) 224-32-2111 Mrs. Delores Beavers Alex., Va. File event within 72 APPROXIMATE INTERVAL be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY: Laceration of brain IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a). any certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) burial, crematian, or removal, 20. AUTOPSY? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES [ NO S pe 21b. TIME OF INJURY Month, Doy, Yeor 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. Driver of car involved in collision :00amm CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK mile south of Rt 50. Prince George County, Maryland please execute 22a. I certify that I taak charge of the remains described above, held an Autopsy . Inspection x, Inquiry x, and in my apinian director. Natural causes Accident Ix Suicide . Homicide Undetermined manner death resulted fram: prior to CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 1-19-68 **EXAMINER'S** 5 moy ro FUNE Health ADDRESS(Street, city, town, or county) NAME (Type) Riverdale, Md. the 23o. BURIAL, CREMA 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Spec Fairfax Co., Virginia Mt Comfort 1/22/68 DATE JAN 2 5 1968. RECOTORS SIGNATURE Cameron & Alfred Sts. VR A15ME (5) Alex. Va. Funeral Home Inc. 10M REV, 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEDTICICATE OF DEATH

01370

			CERTIF	ICATE OF DEATH		
	ECEASED NAME First		Middle	Lost	20. DATE OF DEATH	2b. HOUR
(1	Type or print)	brielle	)-	Parks Bar	Month Do	9 48 8:50 "
3. SE	-	4. RACE	<i>\Delta</i>	S. DATE OF BIRTH	6. AGE (In yeors	IF UNGER 1 YEAR   IF UNDER 24 HRS
		T. Notes			last birthday)	MONTHS DAYS HOURS MIN
	Female	Whit		8-5-7		
	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COL	PANAL INDIVIDUAL	ED NEVER MARRIED	9. COUNTY OF DEATH	
	France	High.	WIDOWI	DIVORCED [	Prince Geor	905 1
10. 0	Hyatts wille	give street or		during n	JAL OCCUPATION (Kind of work done nost of working life, even if retired.)	
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	ission) STATE	13b. COUNTY	1/ Wo	VEC .		41
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14. 1	FATHER'S NAME First	Middle	Lost	IS. MOTHER'S MAIDEN NAME	rirst Middle	LOST
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	(es, no, or unknown) (If yes give wo	ED FORCES? 16b. Si or or dates of service)	OCIAL SECURITY NO.	7. INFORMANT	11.00	Carroll maker
	NO	ar bridge		Sr. M. Reg	15 D'Corn	1922 La Soile Ro
	18. CAUSE OF DEATH (Enter onl	y one couse per line for (	o), (b), ond (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
	PART I. DEATH WAS CAUSED	BY: Con	gestive Hear	ct Failure		2 weeks
13	1/10 a IMMEDIA					
	Conditions, if only, which gove)	Arto	eriosclerot:	ic Heart Disea	ise	11 yesrs
	rise to immediate couse (o),	(b)				
60	stoting the underlying couse	DUE TO, OR AS A CO	INSEQUENCE OF			
43	last.	(c)		4.1999		
	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED	) TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(o)	
z	4200					
A∏ PI	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OP	ERATION WAS PERFORMED	20o. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
CERTIFICATION				YES NO	CAUSES OF DEATH?	
CERT	21o. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJUR	Υ 21α		er noture of injury in Port 1 or Port 2,	Item 18.)
	OR CONTRIBUTING CAUSE OF CEAT	HOUR A.M. Mon	th Doy Yeor	tine (city	2, 112, 2, 2, 11, 2, 1, 2, 1, 2, 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	
MEDICAL	(If either, notify medical examin		19	LOCATION CA . DET. "		County Care
N	ot work ot work	PLACE OF INJURY (AT HON		LOCATION Street or R.F.D. N		County State
	22o. I certify that (I) 本格	skospifaly ottended	the deceased from.	Dec. 1 , 19_	37, to Jan. 29, 19	) 00 , that (I) (we) lo
	sow the deceased of	ive on Jan 2	8 19.68,	and that in (my) (out) of	pinian death occurred an the d	ate and hour ond fram t
		'(I) (Me) (qiq) (qiq u	of) view the body att	er deoth.		
	22b. SIGNATURE	410.	00.	ATTENDING -	MED. STAFF 1 1	DATE SIGNED 29/68
	Omni	wo / Ca	Clus D		DIRECTOR PHYS. 1/	23/00
	22d. PHYSICIAN'S	s F Collins	M D	22e. ADDRESS		am D C
	NAME (Type) Thoma	S F COLLINS	, 11.0.	322 H S	t. N.E. Washingt	.on, D.C.
230	BURIAL, CREMATION, 23b. I	DATE	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City or Jown)	(County) (Stote)
1	REMOVAL (Specify) 2 -	1-1968	MX 10	lines	Wash	D, Q,
24	FUNERAL DIRECTOR	ON A GOOT	ADDRESS 131	-11 76 250. REC'D	BY REGISTRAR 2Sb. REGISTRAR	S SIGNATURE
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fundral director, page 3 should be detached for use as the buriol-tronsit permit. Then please remove corbon papers. Pages 7 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

Page 4 may be retained by the hospitol or attending physicion.

after death.

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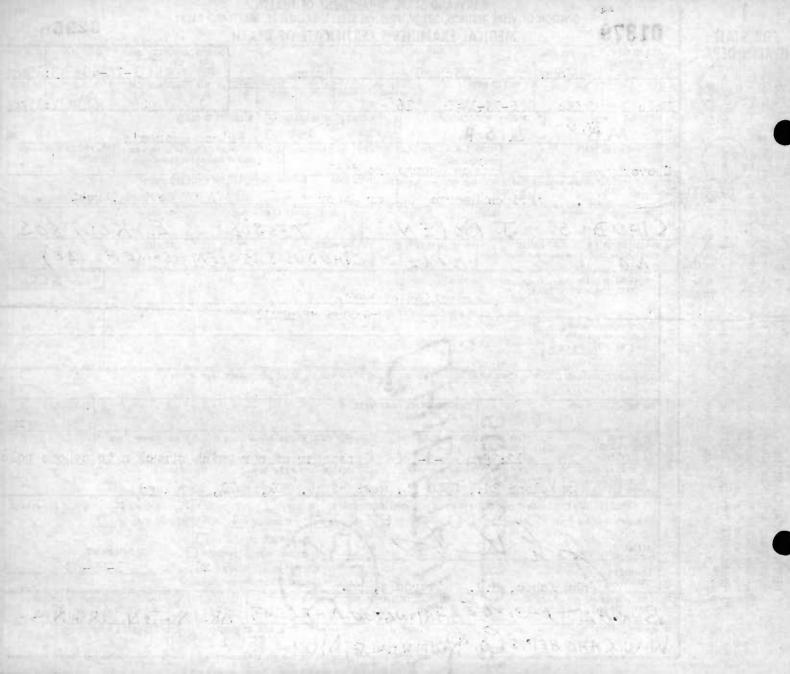
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FOR STATE			MEDICAL EXAMI	INER'S CERTIFIC	ATE OF DEATH		013'73
HEALTH DEPT.		ECEASED-NAME First	Middle	e	ast	2a. DATE KNOWN Month	Day Yeor 25. HOUR
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elay	3. SI	4. RACE		6. AGE (In years   IF UNDER   MONTHS	YEAR IF UNDER 24 HRS DAYS HOURS MIN.	2c. DATE PRONOUNCED DEAD Manth A Day A	Year 682:30
P P P		male Negro	11-23-44	23 YRS.			3 1801 19 69 a M
De De	70. t	try)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NET		UNTY OF DEATH	10
to to to to to	10. 0	ITY OR TOWN OF DEATH	U. S. A.			Prince George	12b. KIND OF BUSINESS OR
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节节	13a.	USUAL RESIDENCE (Where decease	ed lived, if institution: Residence b	before 13c. CITY OR TOWN	13d INSIDE CITY LIMITS?	13e. STREET AND NUMBER	
s afte 18. Give 2 with death.	0	dmission) STATE	13b. COUNTY	D.C.	YES 🔀 NO 🗌	1109 Eye S	t. N.E.
hin 24 hours after nucl in Item 18. Granner's Office along pages 1 and 2 with haurs after death.	14. F	ATHER'S NAME First	Middle	Last IS. MOTHER	R'S MAIDEN NAME First	Middle	Lost
24 1 in H in H r's C r's C			Blakeney	Manual Company		lay	Dunlap
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ertificate shauld writing the ward rwarded ta the Ch sed as a buriol-tra raval, and in any	333	PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	ON GIVEN IN PART I(a)	
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700	MEDICAL	PRIMARY X OR CONTRIBUTING [ CAUSE OF DEATH	2:15 mam 1-1	3, 68 drive	r of car	which struck	bridge abut
(AMINER: te the certifie to the certifie to 4 shauld your files. age 3 shau cremation,	WED	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (At home, form, st.	treet. 21f. LOCATION	Street or R.F.D. Na.	City ar Tawn	County State
XAM Ute th Uge 4 yaur Page crem		AT WORK AT WORK	ctory, office building, etc.)	Kenilworth	Avenue	Landover	P.G. Md.
ical Examiner:  execute the cert far. Page 4 shault ad far yaur files. CTOR: Page 3 shau burial, cremation.		22a. I certify that I t	ook charge of the remains des	scribed obove, held an	Autopsy, In		
Se e ctar ctar ned ned ECT		deoth resulted from:	Notutol couses , /Acc	cident 💢 , Suicide	, Homicide	, Undetermined monner	
please please I director retained ior to b		ACTUAL / La	to I In	1	CHIEF MEDICAL EXAMIN		FEIGUER
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o DEPUTY Die on necessary, please the funeral direct 5 may be retained o FUNERAL DIRECT Health prior to be		EXAMINER'S NAME (Type) Tohn Ke	hoe M.D., Riv	verdale. Mo			
necesso the fun 5 may 70 FUNE Health	23a	BURIAL, CREMATION, / 23b.		ME OF CEMETERY OR CREMAT		LOCATION (City or Town)	(County) (Stote)
		REMOVAL (Specify) Removal 1	/15/68			Charllotte, N.	C.
	24.	FUNERAL DIRECTOR	Home 1425 Md.	ADDRESS	2Sa. RICD BY R	GISTAR 1968 PEGISTRAR'S	SIGNATURE
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02954 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. First 2a. DATE KNOWN 1. DECEASED-NAME Middle Last 2b. HOUR Manth (Type or Print) OF ESTIdeloy ind 3 to Poge 15amM John Michael Bolen 4 RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 3. SFX S DATE OF BIRTH 2c DATE PRONOLINCED DEAD 2d. HOUR 2, and PM3. P MONTHS Month -15amm 19 Male White 10-15-1957 YRS Depor 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH form country) 74,800 DIVORCED [ WIDOWED [ Prince George's in Item 18. Give Poges 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR 120. USUAL OCCUPATION (Kind of work done word "pending" in pencil in Item 18. Give Pog the Chief Medical Examiner's Office olong with give street oddress)
Prince George Hospital during most of working life, even if retired.) INDUSTRY Cheverly 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN death ₩. Prince admission) STATE Colmar Manor YES NO 4307 Newton Street lond 2 ofter Middle 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First First Middle Last OUT SOS pages U.S. ARMED FORCES? (SAME AS 13E CLAUDUS J. BOLEN (If yes give war or dates of service) within ; 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) be executed BETWEEN ONSET AND DEATH permit. PART t. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Laceration of brain event DUE TO, OR AS A CONSEQUENCE OF Fracture of skull buriol-transit Canditians, if any, which gave rise to immediate couse (o), DUE TO. OR AS A CONSEQUENCE OF stating the underlying couse \_\_ 4 should be forwarded to certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) removal, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO TX pe 0 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremation, Passenger of car which struck a telephone pole 2:39am CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town foctory, office building, etc.)
Leland Rd., 2500 ft. west of Rt. 301, Hall, Maryland FUNERAL DIRECTOR: Page buriol, 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection X. Inquiry X ond in my opinion directar. Accident X Suicide death resulted fram: Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER tuneral SIGNATURE 1-29-68 DEPUTY MEDICAL EXAMINER X Heolth **EXAMINER'S** moy ADDRESS(Street, city, town, or county) NAME (Type) Riverdale, Md John Kehoe the 50 23a. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 1-31-68 INGTON NAT. CEMT. 24. FUNERAL DIRECTOR VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH



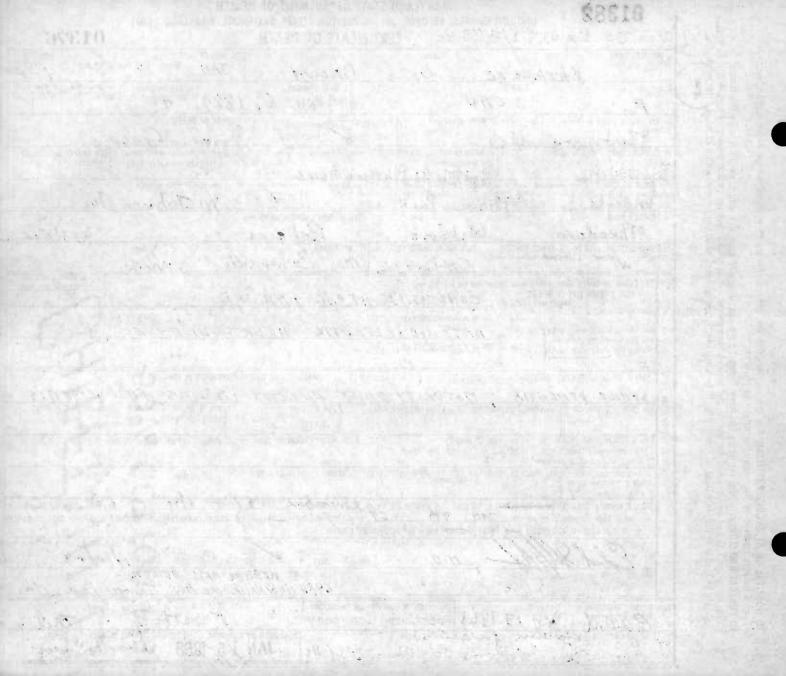
1	MARYLAND STATE DEPARTMENT OF LITTLE 3 & 16b Film of VITAL RECORDS, 301 W. PRESTON STREET, BA	TEALTH ALTIMORE, MARYLAND 21201
	Items 3 & 16b Film 0396 171 (CERTIFICATE OF DEATH	01374
de all.	DECEASED-NAME First Middle Lost (Type or print)  Francis M. Bowie	Jan Joy 1968 26. Hour
s after	S. DATE OF BIRTH Feb 22, 1	910 6. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HR. ST. ST. ST. ST. ST. ST. ST. ST. ST. ST
burial-transit permit. Then please remave carban papers. Pages J burial, crematian, ar remaval, and in any event, within 72 haurs after	o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Prince George's
00	O. CITY OR TOWN OF DEATH Hyattsville, Md.  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress) 5902 31th ave	SUAL OCCUPATION (Kind of work done mast of working life, even if retired.)  12b. KIND OF BUSINESS OR INDUSTRY.  Of Md
event,	30. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before dmission) STATE Md   13b. COUNTY   13b. COUNTY   13c. CITY OR TOWN   13d. MSDE COUNTY   13b. COUNTY   13c. CITY OR TOWN   13d. MSDE COUNTY   13c. CITY OR TOWN   13d. MSDE COUNTY   13d.	
	4. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAM	E First Middle Lost R. Murray
al, and	60. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 214 01 657\$8   17. INFORMANT   Margaret R B	owie Hyattsville, Md.
remav	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ANSET AND DEATH
ıtian, a	IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove)	
	rise to immediate couse (a), stoting the underlying couse lost.	- Torener
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF THE CONTRIBUTIONS OF THE TERMINAL DISEASE OF THE PROPERTY OF THE PROPERT	ORCONDITION GIVEN IN PART 1(a) Colon, Cholon
2	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?	20b. IF YES, WERE MINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21o. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (E   10 or contributing   cause of peath   HOUR A.M.   Month Day Yeor   P.M.   19   21d. HOWER AND   21d. HOWER AND   21d. HOWER AND   21d. HOWER AND   21d. HOWER AND STREET, FACTORY.)   21f. LOCATION   Street or R.F.D.   21d. HOWER AND STREET, FACTORY.)   21f. LOCATION   Street or R.F.D.   21d. HOWER AND STREET, FACTORY.)   21f. LOCATION   Street or R.F.D.   21d. HOWER AND STREET, FACTORY.)   21f. LOCATION   Street or R.F.D.   21d. HOWER AND STREET, FACTORY.)   21f. LOCATION   Street or R.F.D.   21d. HOWER AND STREET, FACTORY.)   21f. LOCATION   Street or R.F.D.   21d. HOWER AND STREET, FACTORY.)   21f. LOCATION   Street or R.F.D.   21d. HOWER AND STREET, FACTORY.)   21f. LOCATION   Street or R.F.D.   21d. HOWER AND STREET, FACTORY.)   21f. LOCATION   Street or R.F.D.   21d. HOWER AND STREET, FACTORY.)   21f. LOCATION   Street or R.F.D.   21d. HOWER AND STREET, FACTORY.)   21f. LOCATION   Street or R.F.D.   21d. HOWER AND STREET, FACTORY.)   21f. LOCATION   Street or R.F.D.   21d. HOWER AND STREET, FACTORY.)   21f. LOCATION   Street or R.F.D.   21d. HOWER AND STREET, FACTORY.)   21f. LOCATION   Street or R.F.D.   21d. HOWER AND STREET, FACTORY.)   21d. HOWER AND STREET, FACTORY.	inter noture of injury in Port 1 or Port 2, Item 18.)
	21d. INJURY OCCURRED While of work of	No. City or Town County State
	22a. I certify that (I) (this hospital) attended the deceased from	opinion death occurred an the date and hour and from t
2 - Rc	causes stoted above, (I) (we) (did) (did not) view the body ofter deoth.  22b. SIGNATURE  ATTENDING	MED. STAFF 22c. DATE SIGNED
1	22d. PHYSICIAN'S NAME (Type) DONALD C, ED GREN M.D. 22e. ADDRESS &	DIRECTOR PHYS. 1-3-68
R	230. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (Stote) Colman Manor Pro Geo Md.
(4) P		D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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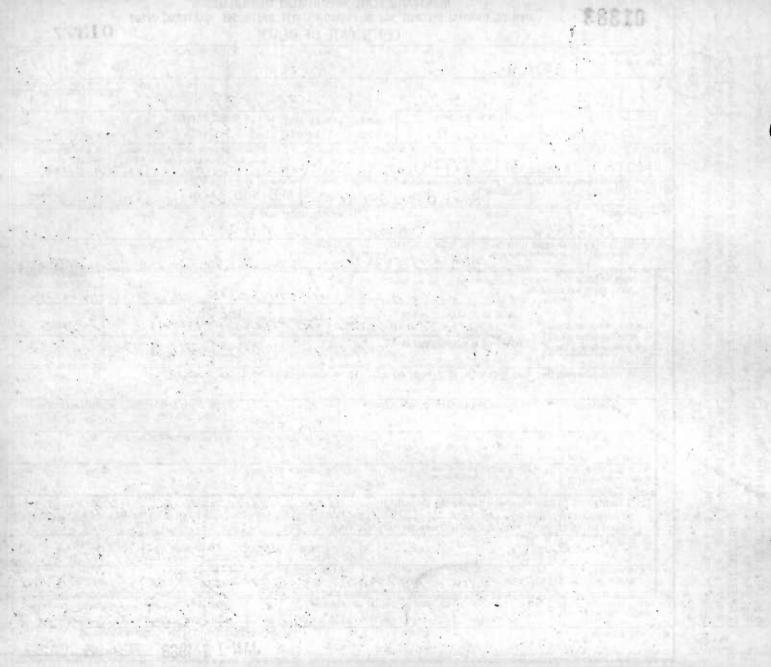
MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01381 01375 CERTIFICATE OF DEATH 1. DECFASED-NAME First Middle Lost 20. DATE OF DEATH after deoth (Type or print) Brickerd 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER lost birthdoy) MONTHS OAYS HOURS YRS. hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED X DIVORCED [ 24 rince rsicion and completely filled please remove corban pop buriol, cremotion, or removal, and in ony event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital) dowing most of working life, even if retired.) requires that the deoth certificate be executed within KIND OF BUSINESS OR INDUSTRY Lanham 13o. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13e STREET AND NUMBER YES 14. FATHER'S-NAM First almoen 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMAN Address Yes, no. or unknown) APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause port GETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Conditions, if ony, which gove ) signed by the buriol-transit rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF ottending physician. stating the underlying couser PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been s se as the t th prior to b 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? for use Health YES [ NO T r this certificate to detached for use be retained by the hospital or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year director, page 3 should be detached 1 should be filed with the Stote Dept. of (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while of work TO FUNERAL DIRECTOR: After 22a. I certify that-(1) (this haspital) attended the deceased from that (I) saw the deceased alive an \_1990, and that in (my) (our) opinion death accurred an the dote and hour ond from the causes stated above, (I) (we Taid) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRE NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Colmar Manor Jan 24, 1968 Ft Lincoln Cemetery Pro Geo Buria N 2 6 24. FUNERAL DIRECTOR **ADDRESS** 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) F Gasch's Sons Hyattsville. Md. 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 23c Film G397 1/24/68 kk CERTIFICATE OF DEATH 01376 DECEASED-NAME Middle First Last 2g. DATE OF DEATH requires that the death certificate be executed within 24 hours after death the funeral ages and (Type or print) JAN Month 10 Doy 10 KATHERINE BROWN offer 3. SEX 4. RACE IF UNDER 24 HRS. S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years last biothday) DAYS HOURS CAU APRIL signed by the attending physician and campletely filled in by t burial-transit permit. Then please remave carban papers. Pay burial, crematian, ar remaval, and in any event, within 72 hou*ys*, 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED 2 DIVORCED [ Fince. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done J2b. KIND OF BUSINESS OR give street, address) during most of working life, even if retired.) INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES W NO 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle SCHELL 1 (Sum Kebecca 16b. SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: CONGESTIVE HEAKT IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if onv. which gave (b) ARTERIUSGLEROTIC HEART DISEASE rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate has been irector, page 3 shauld be detached far use as the MELLITUS : PYELO HEPARITIS SEHILE DEMENTIA ! MATURITY ONSET PIABETES 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [ 4 may be retained by the haspital or 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Month Doy Year (If either, notify medical exominer) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Not while at wark of work 22a. I certify that (I) (this hespitel) attended the deceased from hornow, 1967, ta 1/10, 1968, that (I) (we) last saw the deceased alive an 700 9m 1967, and that in (my) (our) apinian death accurred an the date and haur and from the director, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR **ATTENDING** DEGREE 22e. ADDRESS MEDICAL AKTS BUILDING 22d. PHYSICIAN'S NAME (Type) 6480 NEW HAMPSHIRE AVE. TAKOMA PARK 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Frostbur Frostburg Cemetery 2Sa. REC'D BY REGISTRAR VR A15 (4) DATE JAN omo 154 Carroll SI ME 30M REV. 1/68



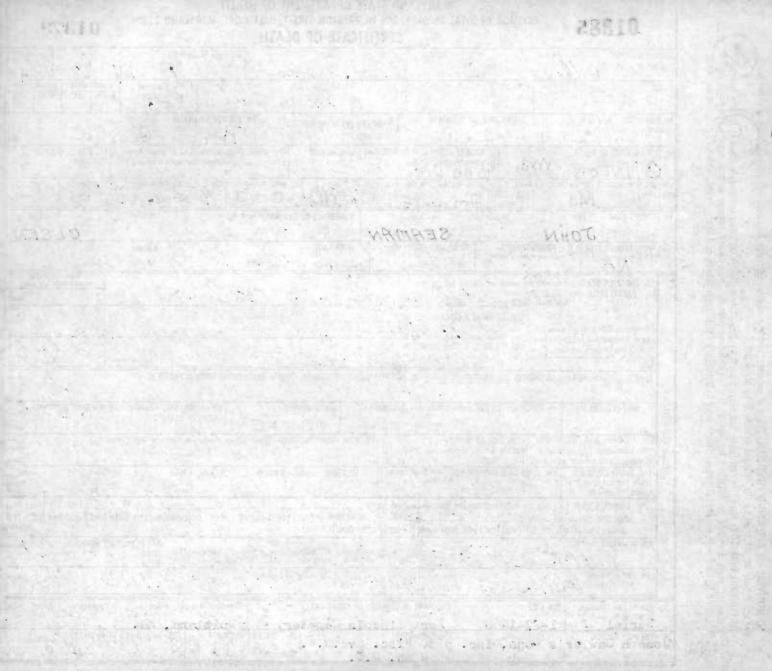
	MARYLAND STATE DEPARTMENT OF HEALTH
10	01383 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
·(IV)	CERTIFICATE OF DEATH 013'7'7
E 00	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the hospital or attending physician.  **IRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral e.3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 ad with the State Dept. af Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death	(Type or print) Thomas J. Bruton Month Doy Year 943 M
funera funera	3. SEX 4. RACE , 5. DATE OF BIRTH 6. AGE (In years   Funder 1 year   1 funder 24 hrs.
the the ages	male white 6-30-1879 lost bighter YRS. MONTHS DAYS HOURS MIN
aur by P	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
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e b ase nd i	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address
equires that the death certificate be execphysician. signed by the attending physician and coburial-transit permit. Then please remarburial, crematian, ar remaval, and in any	Yes, no, or unknown) (If yes give war or dates of service) 1/12-24-89351 Max 1 1 2-24-89351
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OR ATTENDING PHYSICIAL be retained by the hospital JIRECTOR: After this certifica e 3 shauld be detached fai ed with the State Dept. af He	While Not while   The Voca of Indian   OFFICE BUILDING, ETC.
the de de de	220. I certify that (I) (this hospital) attended the deceased from 4/22, 1967, to 1/8, 1968, that (I) (we) las
A by After d be d be e State	saw the deceased alive on 12/2/ 1967, and that in (my) fourt appinion death accurred on the date and hour and from the
OR: Day	couses stoted above, (1) (we) (did (did not) yiew the body after deoth.
R A reto	22b. SIGNATURE 22c. DATE SIGNED STAFF 22c. DATE SIGNED
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O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar ta	NAME (Type) NORMAN STONAT OMEAL 3.503 TENNY SI MT HAINIER Md
LOSI UNE ector	22. PURILL CREMATION 624 DATE 22. MARK OF CENTURY OF CREMATORY 224 LOCATION (Court Tours) (Court)
TO HOSPITAL OR ATTENE Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	REMOVAL (Specify) Lan. 11/968 Chrisin Centery Dulamille Mil.
VR AT5 (4) 30M REV. 1/68	24 FUNERAL DIRECTOR 256. REGISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01379 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2b. HOUR 2a DATE OF DEATH (Type or print) Month and in any event, within 72 hours after 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNOER 1 YEAR IF UNCER 24 HRS. last birthday) DAYS HOURS 10-15 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Penns y/vania bapers, WIDOWED T DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH within during mast of working life, even if retired.) give street address) **INDUSTRY** remove carban completely 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 7001 Penna. Ave 13d. INSIDE CITY LIMITS? be executed admissian) STATE 13b. COUNTY 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Last Last SEAMAN OLSEN physician requires that the death certificate 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) directar, page 3 shauld be detached far use as the burial-transit permit. Ihen pl shauld be filed with the State Dept. of Health priar ta burial, crematian, or removal, 18. CAUSE OF DEATH (Enter only one cause per line for (q), (b), and (c).) BETWEEN ONSET AND CEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by the burial-transit Conditions, if any, which gove ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES T NO [ 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical exominer) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Nat while O HOSPITAL OR ATTENDING 22a. I certify that (1) (this hospital) attended the deceased from 1-37 couses stated abave, (1) (we) (did) (did nat) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** STAFF DEGREE DIRECTOR PHYS PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (State) 23a. BURIAL, CREMATION REMOVAL (Specify) 0 Fort Lincoln Cemetery Suitland. Md. 2Sq. REC'D BY REGISTRAR FUNERAL DIRECTOR Sons. Inc. Ave.N.W VR A15 (4) sh



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01380 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Year 2h HOUR (Type or Print) ESTI-Carroll 00a M Tracy Marie DEATH MATED TO Pag delay 6. AGE (in years IF UNDER 24 HRS. 3. SEX 4 RACE 2c. DATE PRONOUNCED DEAD S. DATE OF BIRTH 2d. HOUR last birthday) Month 68 19 1 4450 M 11-3-1967 Female Negro pages land 2 with the State Depar MARRIED NEVER MARRIED 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH Office alang with farm country) Ma WIDOWED [ DIVORCED [ Prince George's 8. Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) **INDUSTRY** give street oddress) Prince George's Gen. Hospital None Cheverly 13d. INSIDE CITY LIMITS? 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN after death Md George's Upper Marlborgs I NO G 14. FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First 0 haurs Examiner's 17. INFORMANT 16b. SOCIAL SECURITY NO. (Yes, no, or unknown) None Same AS Lewis LADRO within APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) be executed BETWEEN ONSET AND OFATH shauld be farwarded to the Chief Medical PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)\_ event DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a). shauld DUF TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) remaval CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate. YES X NO F 5 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) NOT WHILE AT WORK AT WORK FUNERAL DIRECTOR: 220. I certify that I took charge of the remains described above, held on Autopsy X. Inspection X Inquiry X ond in my opinion Addident [ deoth resulted from: Notural couses X Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER DE 5 may 10 FUNE Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) Riverdale, Kehoe. M.D. John the BORTAL CREMATION 23d. LOCATION (City or Town) (State) REMOVAL (Specify) 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV. 1/68

MAKTLANU STATE DEPAKIMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01387 CERTIFICATE OF DEATH 01381 20. DATE OF DEATH 2b. HOVA DECEASED-NAME First Middle Lost death Innerral and Month (Type or print) Day SENEVIEVE 968 IF UNDER 1 YEAR 24 hours after ban papers. Pages within 72 haurs after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. by the f lost birthday) MONTHS DAYS HOURS Female White March 7. 1881 ueauss 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED Washington. campletely filled in Prince Georges WIDOWED M DIVORCED 12a. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR PHYSICIAN: The law requires that the death certificate be executed within INDUSTRY Home give street address). He attsville during most of working life, even if retired.) attending physician was carban rermit. Then please remave carban Huattsvible Nursing Home crematian, ar remaval, and in any event, 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY Emerson S Middle 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Bartholomew Crawtoro Margare 16b. SOCIAL SECURITY NO. 17. INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 9510 Ritters Road Yes, ng, or unknown) (If yes give war or dates of service) APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave: TO FUNERAL DIRECTOR: After this certificate has been signed by the directar, page 3 shauld be detached far use as the burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying couse burial, a last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priar tal Page 4 may be retained by the haspital ar attending 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [ be detached far use State Dept. af Health p 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, notify medical examiner) 19 ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Tawn County OFFICE BUILDING, FTC. While Nat while at work 22a. I certify that (1) (this hespital) altended the deceased from LUL ta saw the deceased alive on-1902, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death. 27 DATE SIGNED 22h, SIGNATURE **ATTENDING** directar, page 3 shauld be filed v DEGREE PHYS DIRECTOR PHYS. PHYSICIAN'S 22e. ADDRESS NAME (Type) Brennan East West Highway 4401 Bethesda 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, 23b. DATE 1968 BEMOVAL (Specify) 25a. REC'D BY REGISTRAR orgia Avenue VR A15 (4) 30M REV. 1/68 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH 01388 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01382 CERTIFICATE OF DEATH First Middle Lost 20. DATE OF DEATH DECEASED-NAME and (Type or print) Month Cecil Rav Chapman .Jan 4. RACE S. DATE OF BIRTH 3. SEX 6. AGE (In veors IF LINDER 1 YEAR White last birthdoy) Male March 28,1920 24 hours of 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED bon papers. country) West Va. Prince George:s TISA DIVORCED | WIDOWED T 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR give street oddress) 5439- Linda Lane most of working life, even if retired.) Res. Lab. Camp Springs 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed signed by the attending physician and campi burial-transit permit. Then please remave a burial, crematian arremanal odmission) STATE Maryland Camp Springs 5439- Linda Lane Geo'S 14. SATHER'S NAME IS. MOTHER'S MAIDEN NAME First First Middle miller Chapman Charles Charles Otis Elsie M. 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) Mrs Elsie M. Chapman -5204-T.St.SE. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSESSUENCE OF Conditions, if ony, which gove ) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the has been 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO | TO FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year be retained by the haspital (If either, notify medical examiner) detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED Stote City or Town County While Not while of work 22a. I certify that (1) (this haspital) attended the deceased from saw the deceased alive an 196 /and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE Jan. 6, 1968 ATTENDING PHYS. MED. DIRECTOR DEGREE director, page should be filed 22e ADDRESS 4400- Stamp Road, Temple Hill Md. 22d. PHYSICIAN'S Timothy F. O'Donovan NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE 23o. BURIAL, CREMATION, Arlington National Cem. Arlington, Va.

ADDRESS Wash., DC | 250. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATIONAL | 25c. RE Jan.10.68 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) Bros. 1661-Gd. Hope Rd. SE 30M REV. 1/68 DATE JAN

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200	The law requires that the death certificate be executed within 24 attending physician. It is a property of the attending physician and completely filled in the been signed by the attending physician and completely filled is se as the burial-transit permit. Then please remave carban paper the priar to burial, crematian, or remaval, and in any event, within 72.	83		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY UMITS? 13e. STREET AND NUMBER 13b. COUNTY YES NO 1
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9 :	physician on please aval, and i			200 Cle Od Martin N. Chase, 4009 Laurel Rd., Alexandria,
3	attending permit. The			18. CAUSE OF DEATH (Enter only one couse per line for (o), (b); and (c).) PART I. DEATH WAS CAUSED BY:
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01385 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY PRINCE o. STATE GEORGES MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? papers. d. STREET ADDRESS OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 within 72 COMMUNITY WOODYARD Rd.CLIUTOU HOSPITA NO V NAME OF Middle Lost 4. DATE Month Dov Year DECEASED BERNARD 1968 (Type or print) DEATH IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS hdoy) Months Dovs WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remaval, Frank Cheslev Julia Ann Hill 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, ng\_or unknown) (If yes give wor or dotes of service Eleanor Chesley La Plata Md. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) the haspital or attending physician. DUE TO THAMBOSKS Conditions, if ony, which gove (b) rise to immediate cause (o), DUE TO CONG, HEART FAKUO stoting the underlying couse as the certificate has been WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? YPAUENSIVE ANTS.CV NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m foctory, street, office bldg., etc.) 21. I certify that (1) (this haspital) attended the deceased frample i UAN 1963 to 1968, and that death accurred at / PM, fram causes and an the date stated above saw the deceased glive an UAN TO FUNERAL DIRECTOR: 220. SIGNATURE 22b. DATE SIGNED. ATTENDING PHYS. DIRECTOR director, page should be filed BRANDY WINE 22c. PHYSICIAN'S W. MERKLE M.D. BURIAL, CREMATION, 23b. DATE THEREO! NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) FUNERAL DURECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67

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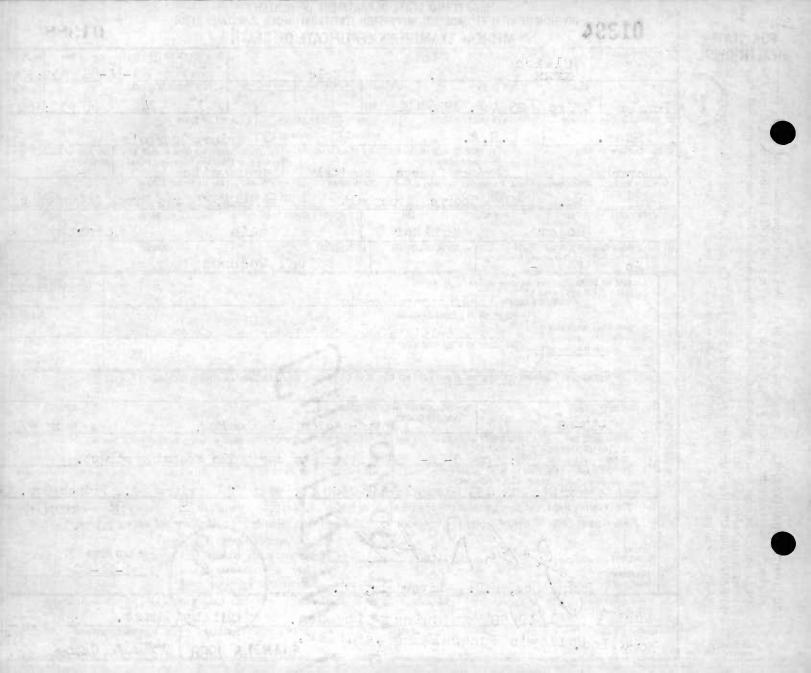
MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01388 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED-NAME Claire 20. DATE KNOWN Month 2b. HOUR (Type or Print) OF ESTI-2, and 3 ta PM3. Page 19 OT WHAT TO Cole : 5000 IF UNDER 1 YEAR 4. RACE IF UNDER 24 HRS. the State Department 3. SEX S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR last birthday) Month 68 1972:500 M White 23 Aug. 1936 YRS Female 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED - NEVER MARRIED 9. COUNTY OF DEATH the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 4 should be farwarded to the Chief Medical Examiner's Office along with farm U.S.A. Mass. WIDOWED [ DIVORCED [ Prince George's Item 18. Give Pages 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Housewife **INDUSTRY** give street oddress) Prince George Hospital Cheverly 13e. STREET AND NUMBER pages 1 and 2 with death. 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? odmission) STATE YES 🔛 NO 📋 George Greenbelt 8577 Brae Brook Apartments ofter 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Keliher Julia McCarthy Roger haurs 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (Yes, no, or unknown) (II yes give war or dates of service) Hospital Records No File within APPROXIMATE INTERVAE be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Laceration of brain any event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave (b) And multiple abdominal injuries rise to immediate cause (a), certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause . = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) 0 remaval, CERTIFICATION nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? 1-13-68 Intra- abdominal bleeding YES 🔀 NO pe 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year crematian, ar 3 shauld PRIMARY OR CONTRIBUTING 1-12- 1968 Struck by car while crossing street. CAUSE OF DEATH 6:05 DEM. 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. foctory, office building, etc.) AT WORK AT WORK Rt. 193 Glendale Rd. 1500 ft. west of Cipriano Rd. Prince Geo. Co burial, 22a. I certify that I taok charge af the remains described above, held an Autopsy \(\overline{\omega}\)], Inspection X Inquiry X and in my apinian director. death resulted from: Natural souses Accident X Suicide Homicide Undetermined manner prior to CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE DEPUTY MEDICAL EXAMINER IX **EXAMINER'S** 5 may ro FUNE Health ADDRESS(Street, city, town, or county) NAME (Type) Riverdale, Md. 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Burial Quincy, Quincy City Cem. Mass. 2So. REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE Funeral Maryt Rainier, IndValley's VR A15ME (5) Ochonia Ju 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY CERTIFICATE OF DEATH and 2 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY after RINCE MARYLAND NLE GEGNGE GEORGE MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) YATTSUILLE HYATTSUILLE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? SHERIDAN LANHAM YES NO. MAGNELIA within event, with completely carbon NAME OF Day Last DATE Month Year DECEASED MARY JAN (Type or print) 68 DEATH 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH етоме 7. MARRIED NEVER MARRIED and any FEMALE WIOOWEO X DIVORCED | 86 Ξ 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 12, CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician ease COUNTRY? and MASS 11.5.A OUSEWIFE death certificate FATHER'S NAME removal, 14. MOTHER'S MAIDEN NAME attending permit. Then ATRICK MARGARET. VINI 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. transit permit. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) 812 SHERIDAN 022 16 3635 MRS. the burial-transit publication CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET, AND DEATH this certificate has been signed by detached for use as the burial-transi e Dept. of Health prior to burial, crem PART I. OEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO X YES 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc. Hour a.m. TO FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State While Not While be retained by at work at work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on and that death occurred at M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING 4-68 Page 4 may 1 PHYS. M.D. DIRECTOR ADDRESS NAME (Type) KAINIEN, MD BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) EMMACULATE CONCEPTION COM LAWRANCE BURGAL 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01396 CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Poge 4 moy be retained by the hospitol or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been

**D FUNERAL DIRECTOR:** After this certificate hos been signed by the attending physicion ond completely filled in by the f<u>un</u> director, page 3 should be detoched far use os the burial-transit permit. Then please remove carban papers. Pages Labould be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in ony event, within 72 hours after

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V				- CEIVI	III CAIL OI D					
		ECEASED-NAME First (ype or print)	Howard	Middle E •	Con tee	20	Jan. Month	8, Day	68 Year	2b. HOUR 7:55 AN
	3. SE	Male	4. RACE Negroid		S. DATE OF BIRT	H 27, 1902	6. AGE (Ir	yeors hday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
	7a. I	BIRTHPLACE (Stote or foreign only) Maryland	7b. CITIZEN OF WHAT COL	1111	RRIED NEVER MARRI		DUNTY OF DEATH Prince Ge	orges		Md.
	10. (	Cheverly	11. NAME OF	HOSPITAL OR INSTITUTION	ON (If not in hospitol 1 Hospital	120. USUAL OC during mast of	CUPATION (Kind af w f working life, even i	vork done f retired.)	12b. KIND OF I	
1		USUAL RESIDENCE (Where deceding in the state of the state	red lived, if institution: Res		ity or town 130 per Marlbot	L INSIDE CITY LIMITS?	13e. STREET AND N 9136 Do		Road	
1	14. F	FATHER'S NAME First unknown	Middle	Lost	15. MOTHER'S MAIE	en name First		Middle		Last
		WAS DECEASED EVER IN U.S. AR	MED FORCES? war or dates of service)	OCIAL SECURITY NO.	17. INFORMANT		ee-wife-	Address 9136	Darcy	Road
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMED  Conditions, if ony, which gave nise to immediate couse (o), stating the underlying cause lost.	DUE TO, OR AS A CO	NSEQUENCE OF	nereatitis				SC U CO	ISET AND DEATH
i	N	PART 2. OTHER SIGNIFICANT CO		D DEATH BUT NOT REL	ATED TO THE TERMINAL E	DISEASE OR CONDI	TION GIVEN IN PART	l(a)		
	CERTIFICATION	19o. DATE OF OPERATION 19b	CONDITION FOR WHICH OPE	RATION WAS PERFORM	ED 200. AUTOPS YES KX	Y?	20b. IF YES, WERE CAUSES OF DEATH	FINDINGS CO	ONSIDERED IN CE	RTIFYING
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYID OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exom	HOUR A.M. Man	th Day Year	21c. HOW INJURY OCCUP	RRED (Enter not	ure of injury in Port 1	or Part 2,	Item 18.)	
	ME	21d. INJURY OCCURRED 21e While Not while of work	PLACE OF INJURY (AT HOM OFFICE	E, FARM, STREET, FACTORY.) BUILDING, ETC.	11-	111	City or Tawn		Caunty	State
		220. I certify that (I) saw the deceased couses stoted obov	nischespitel) ottended alive on <u>Jan</u> 8 e, (I) (we) (did) (did n	1968	ond that in (mv)	19 67) (our)copinion	, to Jan. 8 deoth occurred	on the da	68, that ite ond hour o	(I) (was last and from the
		22b. SIGNATURE	denill H	WILL	DEGREE ATTENDING PHYS.	XX DIRECT	OR STAFF	22c. 1	DATE SIGNED	165
		22d. PHYSICIAN'S NAME (Type)			ZZe. ADDKE	22			/	
	226		derick H. Wi				er Rd, Ch			
	F	BURIAL, CREMATION, 23b.	DATE 12/68/	23c. NAME OF CEMETE Harmony	RY OR CREMATORY Memorial	Park	d. LOCATION (City or Maryla	Tawn)	(County)	(State)

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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth.

Page 4 may be retained by the haspital or attending physicion.

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

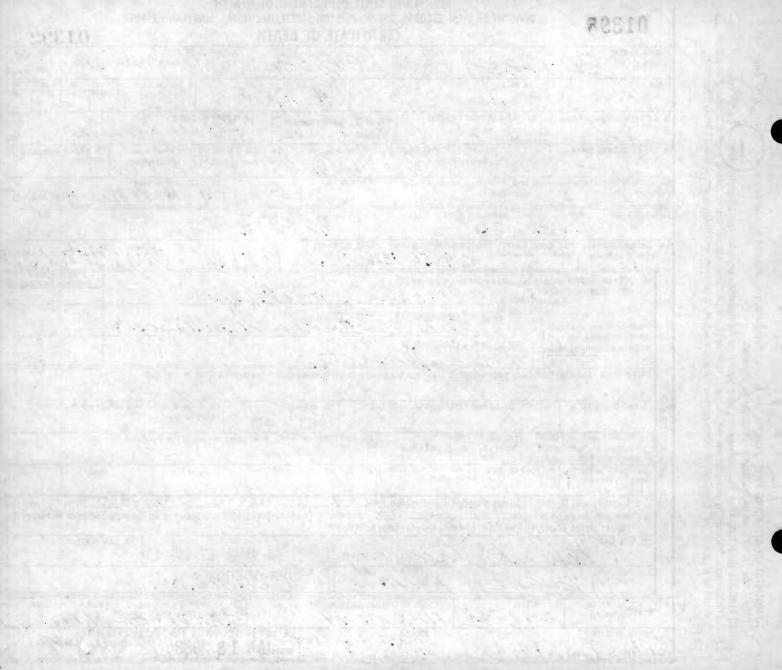
CERTIFICATE OF DEATH

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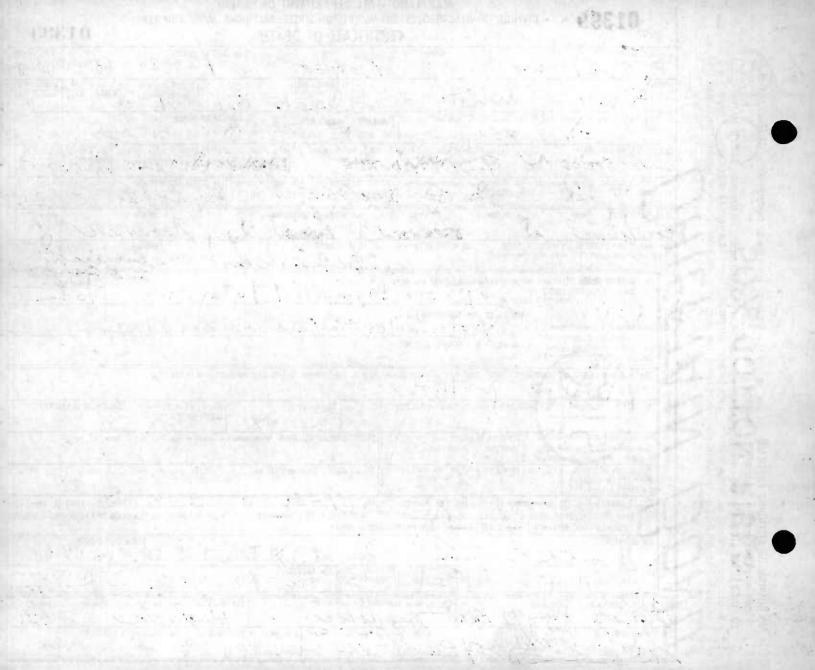
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din din				R IN U.S. ARMED FORCES?		OCIAL SECURITY NO.	17. 1	NFORMANT		900	Address		PET LEE
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signed by the ottending physician and completely burial-transit permit. Then pleose remove carbon burial, crematian, or removol, and in ony event, wit			18. CAUSE OF DI	EATH (Enter only one cou	se per line for	(o), (b), ond (c).)						IN	TERVAL BETWEEN
nsit ome			PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(a) Acut	te myocard	lial :	infarction				10	SEL AND DEATH
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use use		4TIOI		ry infarcti ion: pulmon	on; ar	terionephr	roscl	erosis; old	heal	ed myo	cardi	al	PERFORMED?
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t po		CERI		CAUSE OF DEATH MEDICAL EXAMINER)									
this certi detoched te Dept. of		MEDICAL		JRY Month, Doy, Year	20d. IN	JURY OCCURRED	20e. PLA	CE OF INJURY (Home, farm	. 20f.	(City or toy	vn)	(County)	(Stote)
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oge filed			22c. PHYSICIAN'S	· · · · ·				22d. ADDRESS G1			spits		
RAI pe	,		NAME (Type)	Moe Weis	s, M.D					Dale, M	-		
Stor Se	/	230	. BURIAL, CREMATIC	ON I 23b. DATE THE	REOF /	23c. NAME OF CEM	ETERY OR			LOCATION, (City		Count	y), (Stote)
<b>TO FUNERAL DIRECTOR:</b> After this certificate has been director, page 3 should be detoched for use os the should be filed with the State Dept. of Health prior to	0		REMOVAL (Specify		10	mt	RE	LT	101	a Pla	-0	1 6 A	DEC MI
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		ID STATE DEPARTMENT OF HEA		
1 01398		301 W. PRESTON STREET, BALTIMO		
~~~~		CERTIFICATE OF DEATH	013	392
1. DECEASED-NAME (Type or print)	Middle Middle	COOPER 2	o. DATE OF DEATH  Month / 4 Doy 6 Seor	2b. HOUR
3. SEX	4. RACE	S. DATE OF BIRTH 4 - 11-4865	6. AGE (In yeors IF UNDER I YEAR lost birthday) MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
70. BIRTHPLACE (Stote or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED 9. CO	RINCE GEORGE	Mo
10. CITY OR TOWN OF DEATH  GO CliNTON	11. NAME OF HOSPITAL OR AN give street oddress)		CCUPATION (Kind of work done fworking life, even if retired.)  NDUSTRY	BUSINESS OR
\$ 16 odmission) STATE DEM	osed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? YES NO	4510 PORTER AU	ie. S.E
14. FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME First  UNKNOW	Middle	Lost
14. FATHER'S NAME First  160. WAS DECEASED EVER IN U.S. AF Yes, no, or unknown)  18. CAUSE OF DEATH (Enter compart 1, DEATH WAS CAUSE)	RMED FORCES? 16b. SOCIAL SECURITY 219-56-	NO. 17. INFORMANT 1326 Wilmer R. St	Address Pouto	raves
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190. DATE OF OPERATION 191	o. CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20o. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CE CAUSES OF DEATH?	RTIFYING
210. ACCIDENT WAS UNDERLY  OR CONTRIBUTING CAUSE OF DE  (If either, notify medicol exon	ATH HOUR A.M. Month Doy Yeor		ure of injury in Port 1 or Port 2, Item 18.)	
While Not while of work	e. PLACE OF INJURY (AT HOME, FARM, STREET, F/ OFFICE BUILDING, ETC.		City or Town County	Stote
21d. INJURY OCCURRED While Not while at work of work  22a. 1 certify that (I) (the saw the deceased	his haspital) attended the deceas alive an	sed from 70 - 30 , 1967 1962, and that in (my) (aur) apinian	, ta, 1968, that n death accurred an the date and haur	(I) (we) las and fram the
Saw The deceased causes stated above 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	100	MEGREE PHYS. DIRECT	TOR STAFF 22c. DATE SIGNED	
22d. PHYSICIAN'S NAME (Type)  23o. BURIAL CREMATION, REMOVAL (Specify)  23b.	FRED R.L.	APIN 22e. ADDRESS CLIN	MON, MS	
230. BURIAL CREMATION, REMOVAL (Specify)	. DATE 23c. NAME OF HAN	CEMETERY OR CREMATORY 23	Id. LOCATION (City or Town) (County)	(Stote)
34_FUNERAL DIRECTOR		, , , , , , , , , , , , , , , , , , , ,	GISTRAR 2Sb. REGISTRAR'S SIGNATURE	



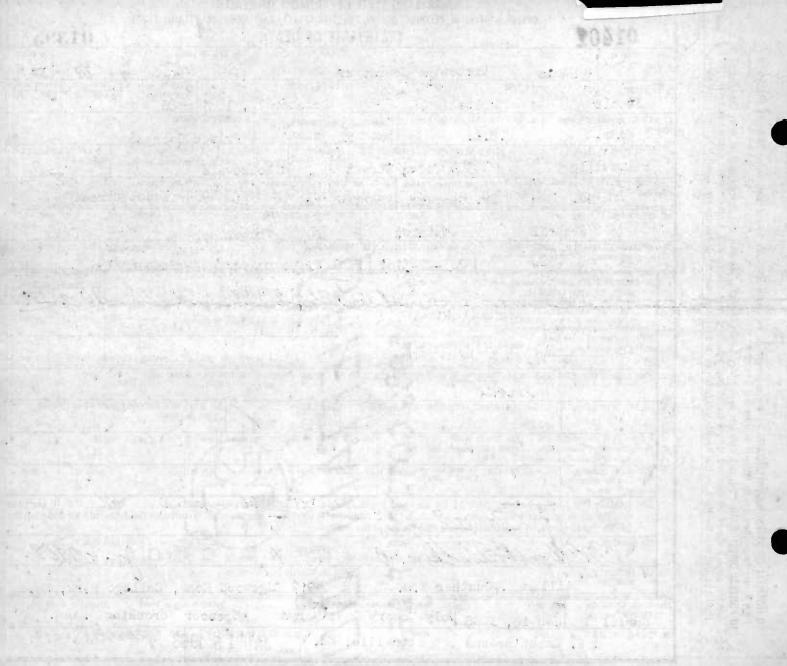
MAKYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01395 DECEASED-NAME Inst First Middle 20. DATE OF DEATH 2b. HOUR death. funeral and 2 (Type or print) Month Doy Victorine Cournover Marie 200 requires that the death certificate be executed within 24 haurs after 3 SEX 4. RACE S. DATE OF BIRTH AGE (In years IF LINDER 1 YEAR IE LINDER 24 HRS filled in by the Pages burial-transit permit. Then please remave carban papers. Pages burial, crematian, or remaval, and in any event, within 72 haurs aft last birthday) MONTHS I DAYS HOURS Female White October 12 1881 YRS. 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Mass. U.S.A. WIDOWED 5 DIVORCED [ Prince Georges ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address during mast of working life, even if retired.)
Housewife **INDUSTRY** Beltsville campletely Street 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY 4304 Yucca Street Md. YES X NO T Georges Beltsvill 14. FATHER'S NAME First Middle Last Middle 1S. MOTHER'S MAIDEN NAME First Lost Francis Mathieu Victorine 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na ar unknown) (If yes give war or dates of service) 023-07-5161 Cournover Same as 1 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital ar attending this certificate has been be detached far use as the State Dept. of Health prior ta 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES T NO I 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Day Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at work TO FUNERAL DIRECTOR: After 22a. I certify that (1) (this hespital) attended the deceased from Melaukli , 1966, to Jan 10 saw the deceased alive an John, 9 1968, and that in (my) (our) apinian death accurred an the date and haur and fram the director, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS. DIRECTOR PHYS 22d. PHYSICIAN'S 22 e. ADDRESS NAME (Type) William B. Gunther M.D. 4917 Edgewood Road. College Park. 23c. NAME OF CEMETERY OR SERVENAGORY. 23d. LOCATION (City or Town) (Consider Worcester 23o. BURIAL, CREMATION, 23b. DATE (County) (State) REMOVAL (Specify) foly osary & St Marys Mass. 1968 Jan 13 1968b. 24. FUNERAL DIRECTOR Gasch's Sons VR A15 (4) Hyattsville, Md. 30M REV. 1/68

MAKYLAND STATE DEPARTMENT OF HEALTH

DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01396 CERTIFICATE OF DEATH 2g. DATE OF DEATH 2b. HOUR DECEASED-NAME Middle Last (Type ar print) Currey Manth Helen Carolyn 1968 6:15PM Jan. 6. AGE (In years IF LINDER I YEAR IF UNDER 24 HRS. ve carban papers. Pages 1 event, within 72 haurs after 3. SEX 4. RACE S. DATE OF BIRTH in by the Pages HOURS last birthday) MONTHS caucasian 8/28/1914 53 Female requires that the death certificate be executed within 24 haurs 7a, BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED North Carolina USA WIDOWED DIVORCED [ Prince Georges filled 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) INDUSTRY
Retired Navy Dept. Employee give street oddress)
Prince Geo. Gen'l Hospital campletely fi Cheverly 13a, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YESK NO T remave Prince Georges 6423 Landover Road Cheverly Maryland burial-transit permit. Then please remay burial, crematian, ar remaval, and in any 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Last First physician and Harris A. Kimball Carrie O. Belvin 16b. SOCIAL SECURITY NO. 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) Unknown George J. Currey, Cheverly, Maryland APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (g), (b), (and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: nima uninth IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) rise ta immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF Page 4 moy be retained by the haspitol ar attending physician. stating the underlying cause PART 24 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) After this certificate has been be detached for use as the State Dept. af Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? NO X YES 🔲 O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED State City or Town Caunty While Nat while at wark 22a. I certify that (I) (this classified) attended the deceased fram\_ saw the deceased alive on Jan. 24. director, page 3 shauld shauld be filed with the causes stated abave, (1) (see) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR ATTENDING DEGREE PHYS. PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 6319 Landover Road. Cheverly, Maryland Frederick H. Wilhelm. M. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, 23b. DATE Jan. 28, 1968 REMOTALI (Specify) Hill Crest Cemetery Federalsburg Maryland
GISTRAR | 25b. REGISTRÂR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR VR A15 (4) DATEJAN 30M REV, 1/68 1968

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	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	Items 1,5,6,14,15, MEDICALEXAMINER'S CERTIFICATE OF DEATH	01398
HEAMH DEPT.	1. DECLASED-NAME First Middle Last 2a. DATE KNOWN XX Manth	Day Year 2b. HOUR
· 2 4 8 4 9	(Type or Print)  OF ESTI- DEATH MATED 7-3	3 68194:85p
e de de	3. SEX 4. RACE S. DATE OF 8IRTH 1914 6. AGE (In years is under 1 year if under 1 year if under 24 Hrs 2c. DATE PRONOUNCED DEAD Months DAYS HOURS MIN. Months DAYS HOURS MIN.	2d HOUR
Ping del	Male White 7-22-1915 52/53 YRS.	68 19 4: B5p A
E 9	7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
N S P	Country North Carolina USA WIDOWED DIVORCED Prince George's	M
after death 8. Give Page along with with the Stat	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address)  12a. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.)	NDUSTRY CONSTRUCTION
Give de Give I and what the the	Cheverly give street address)  Cheverly Prince George Hospital during most of warking life, even if retired.)  13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN  13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER	onstruction
haurs after death tem 18. Give Pag Office along with and 2 with the Sta	admission) STATE 1/3b, COUNTY C	enue
thaurs them 18 Office Office after d	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Last
24 h in Ite r's Ol es 1a rs af	Mark Max Davis Hallie 7 Roberts	
hin 24 ncil in niner's pages haurs	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
wit pel xan xan 72	(Yes, nd, ar unknawn) (If yes give war or dates of service) 214 18 0997 Dorothy Lee Davis Landover Hills	•
be executed "pending" in itef Medical E. unsit permit. Fevent within	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  Clark shot required of abdomen	APPROXIMATE INTERVAL BETWEEN GINSET AND DEATH
be executed "pending" in itef Medical Eunsit permit. Fevent within	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gun shot wound of abdomen	15 hrs.
e ex penc of M sit p	Canditions, if any, which gave )	
d be d "  Chie fran y ev	rise ta immediate cause (a), (b).	
certificate should be e writing the word "per irwarded ta the Chief I used as a burial-transit maval, and in any even	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
cate stage the ed to and in and in	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g)	
ficating rded as as a		
is certific te, writin farwards to used as remaval,	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  Gun shot wound of abdomen  21d. EXTERNAL CAUSE WAS  21d. EXTERNAL CAUS	20. AUTOPSY?
This create, be far	= 1-13-68 WAS PERFORMED? Gun shot wound of abdomen	YES NO
iffice d bo		m 18.)
utNER: To certifice should be files. 3 should nation, ar	PRIMARY OR CONTRIBUTING 12:55amm. 1-13- 1968 Shot by assailant  [21d. INJURY OCCURRED 12:e PLACE OF INJURY (At home form street 21f IOCATION Street or R.F.D. No. (ity or Town)	
the the 4 sign of figure file 3 ge 3 ema	walls not walls factory, affice building, etc.)	Caunty State
ICAL EXAMINER: The secretification: Page 4 shauld be after your files. CTOR: Page 3 should burial, cremation, ar	WHILE AT WORK AT WORK Lee's Bar 2903 Hamilton St., Hyattsville, N	
exercity for the property of t	220. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X death resulted from: Natural causes , Accidents , Suicide , Homicide X Undetermined monner (	
olcase explicated director.  DIRECTO		
TY please and direct to prior to	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 22b. DATES	IGNED
ary, nerc be be Pr	STORATORE M.D.	1-14-68
no DEPUTY SICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained far yaur TO FUNERAL DIRECTOR: Page Health prior to burial, crem	NAME (Type) John Kehoe, M.D. Riverdale, Md. ADDRESS(Street, city, town, or county)	
0 + 2 0 P P P P P P P P P P P P P P P P P P	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)
1	Buryld Pecify) Jan 17, 1968 Ft Lincoln Cemetery Colmar Manor Pro	
VR A15ME (5)	24. FUNERAL DIRECTOR ADDRESS  F. Gasch's Sons Hyattsville, Md DATE JAN 19 1968 PREGISTRAR'S S	SIGNATURE JUNGE
10M REV. 1/68	DATE ON LOCAL	0 0

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MARYLAND STATE DEPARTMENT OF HEALTH

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01401

			EKIIFICA	ALE OF DEAL	п		O.T.	#ACT.
1. DECEASED-NAME	First	Middle		Last	2a.	DATE OF DEATH		2b. HOUR
(Type or print)	Baby	Girl	Del	laven		Jan. Month 9	, Doy 1968 gear	8:50A
3. SEX	4. RACE		2	. DATE OF BIRTH		6. AGE (In ye	OGTS IF UNDER 1 YEAR	IF UNDER 24 HRS.
Female	Cauc	asian		Jan. 8,	1968	last birthday	YRS. MONTHS DAYS	HOURS MIN
o. BIRTHPLACE (Stote or fore country)  Maryland	gn 7b. CITIZEN OF WI		8. MARRIED WIDOWED	NEVER MARRIED	9. COL	INTY OF DEATH rince Georg	ges	Mo
O. CITY OR TOWN OF DEATH  Cheverly	give Pr					UPATION (Kind of work warking life, even if re		F BUSINESS OR
13a. USUAL RESIDENCE (Where odmission) STATE Maryland	deceosed lived, if institut 13b. COUNTY Prince	ion: Residence before Georges	13c. CITY OR T	VICE TO	NO [	13e. STREET AND NUM 4615 Green	nwood Road	
14. FATHER'S NAME First	Middle	Lost	15.	MOTHER'S MAIDEN NA	ME First	Mi	iddle	Lost
На	rry	DeHaven		Mary Gera	ldine	Quinn		
160. WAS DECEASED EVER IN I	J.S. ARMED FORCES?	16b. SOCIAL SECURITY N	10. 17. INI	FORMANT	1	Add	dress	1445
Yes, 80, ar unknawn) (II	yes give war or dates of service)	none	Mc	ther) Ma	ry G.	DeHaven	Same as	#13
Canditians, if any, which rise to immediate caustating the underlying last.  PART 2. OTHER SIGNIFICATION  19d. DATE OF OPERATION  21g. ACCIDENT WAS UN	gove) (b)			20a. AUTOPSY?	OR CONDITI	20b. IF YES, WERE FIN CAUSES OF DEATH?	IDINGS CONSIDERED IN	CERTIFYING
21g. ACCIDENT WAS UN	DERLYING 216, TIME O	FINITIPY	21c HOV			e of injury in Part 1 or	Yes	
OR CONTRIBUTING CAU (If either, natify medica 21d. INJURY OCCURRED	SE OF OEATH HOUR A.M. P.M.	Month Day Year	,			City or Tawn	County	State
While Not while at work of wark	//\ /ahia haaniaal\ aaa		d from	Ion 8	10 68	to Ian 9	10.68 the	+ /1\ %(36\ loc
ILLEV. I CEITING HOL	(i) (MAXXINGKINGK UII)	o Q A 1	968 ond	that in (my) (my	apinian	donth assured on	Ab . date and beau	(1) (446) 102
saw the decec	sed alive on La abave, (1) (wax)(d/d)	(dickreat) view the	body after de	eoth.	, ap	aeam accorrea on	The dote ond hou	ona from the
saw the decec causes stated 22b. SIGNATURE	sed alive on La abave, (1) (now) (d/d)	(dictant) view the	body after de	ATTENDING PHYS.	MED. DIRECTO		22c. DATE SIGNED  Jan. 9,	
saw the decec	ysed alive on	utral	DEGRE	ATTENDING PHYS. 22e. ADDRESS	MED. DIRECTO		Jan. 9	1968

VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours often

Poge 4 moy be retoined by the hospital or ottending physicion.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use os the burial-tronsit permit. Then please remove corban papers. should be filed with the Stote Dept. of Health prior to burial, cremotion, or removol, and in ony event, within 72 hour

24. FUNERAL DIRECTOR AD

Francis Gasch's Sons Hyattsville, Md.

ADDRESS

2Sa. REC'D BY REGISTRAR 2SI

les Judge

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/ 1		MARYLAND STATE DEPARTMENT OF HEALTH	
10000		01408 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	04.400
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01402
HEALTH DEPT		ECEASED-NAME First Middle Lost 20. DATE KNOWN Month OF ESTI-	Doy Yeor 2b. HOUR
s b e d s		Oshin Der Stepanian Death Mated 1-5	5-68 19 5:50am
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de de man ma.	N	Tale White 3 June 1928 39 YRS. MONINS OAYS HOURS MIN MOOTH Day	Year 1968 6:10M
2, and 3 ta PM3. Page		BIRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   9. COUNTY OF DEATH	
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Stone	10. (	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 120. USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
hours after death tem 18. Give Pages 1 Office alang with farm and 2 with the Stare Dafter death.	22	Riverdale   give street oddress)   Hospital   during most of working life, exemit retiral.	WEDICHLI
after 8. Giv alang alang with t		USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	-CT HYATTSVILLE
s after 18. Gi 18. Gi alang 2 with death.	0	dmission) STATE Md. 13b COUNTY Prince George's Hyattsville YES X NO 3835 Hamilton	
hours Item 18 Office I and 2	14. F	ATHER'S NAME First Middle Lost : IS. MOTHER'S MAIDEN NAME First Middle	Lost
		REUBEN DER STEPANIAN - AFTAN	INEGIAN
hin 24 ncil in niner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	5 Cumberland
within pencil xamine ile page 72 hou	(1	es, not or unknown) (If yes give war or dates of service) 121-26-2053 DR BABGEN MANGASARIAN & COLOR	him Chave mel.
d with pe Exar Exar File in 72		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in nief Medical E ansit permit. F event within		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Heart failure	minutes
Med Med per		DUE TO, OR AS A CONSEQUENCE OF	THE THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER O
be exc pend nief Me ansit po event		(conditions, if ony, which gove) Arteriosclerotic heart disease	unknown
ward the Ch		rise to immediate cause (a), (a) AT DET TOSCIET OUTC TIEST OF CONSEQUENCE OF	- CITILITO WIT
shauld be one ward "pe one ward "pe on the Chief burial-transit I in any even		lost.	
ate s g the ed ta s a bu and i		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
ficat ing ded as a	- 3	4200	
certifi arwar used mava	TION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This certificate shauld be executed within 24 cate, writing the ward "pending" in pencil in be farwarded to the Chief Medical Examiner's be used as a burial-transit permit. File pages ir remaval, and in any event within 72 hours	CERTIFICATION	WAS PERFORMED?	YES TO NO DO
The be		21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, In	
INER: This e certificate, shauld be for files. 3 should be to a sh	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19	
sh fill sh at a start	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
EXAMINER: cute the certifage 4 shauld your files. Page 3 should tremation, I, cremation,		WHILE NOT WHILE of foctory, office building, etc.)	
20,00		22a. I certify that I took charge of the remains described abave, held an Autapsy , Inspection , Inquiry	ond in my opinion
ICAL E executor. Pa far. Pa far CTOR: burial,		deoth resulted from: Noture couses , Acadent , Suicide , Homicide Undetermined manner	
please e l directar retained L DIRECT		CHIEF MEDICAL EXAMINER	
y, ple eral di be reta RAL Di prior		ACTUAL 226 DATE	SIGNED
UTY, nerd be be pr		SIGNATURE STANDARD FOR THE STANDARD FOR	5-68
O DEPUTY necessary, if the funeral s may be r o FUNERAL Health price	100	NAME (Type) John Kehoe, M.D. Riverdale, Md. ADDRESS(Street, city, town, or county)	-,-00
TO DEPUTY necessary, the funers 5 may be TO FUNERA Health p	230	BURIAL, CREMATION, / 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCALION (City or Town)	(County) (State)
		BURIAS 1-8-1968 PARKLAWN CENTETERY ROCKVILL.	E MD
	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D'BY REGISTRAR 25b. REGISTRAR 25b. REGISTRAR'S	SIGNATURE .
VR A15ME (5) 10M REV. 1/68	1	W.W. Chambers 1400 Chapin St., N.W. Wash.D.C. DATEJAN 9 1968 Clar	res Judge.

78		01409	DIVI	CION OF VII			DEPARTMENT ESTON STREET,			LAND 2	1201		
A(I)		01703	DÍAI	SION OF VII			ATE OF DE		KE, MAKI	LAND Z	1201	0140	4)
1.		ASED-NAME	First		Middle		Last		. DATE OF DE	ATH		0140	2b. HOUR
1	(Түр	e ar print)	George	e	E.	Doo	lson		Jan.	Month	8. Da	1968 <sup>ear</sup>	4:15PA
3.	SEX		4. F	RACE			S. DATE OF BIRTH		6	AGE (In y	ears	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
L		Male		Caucas	i an	1,777	Aug. 20	, 1888		last birthd	YRS.	MONINS DATS	HOOKS MIN.
((	ountr	THPLACE (Stote or fore Y) England		TIZEN OF WHAT (		WIDOWED	and he	Pr	ince	Georg			Me
10	). CITY	or town of DEATH		Prim	of Hospital or Ins Leddre Ceo. G	en'l Ho	ospital d	20. USUAL OCC luring mast af Opto	CUPATION (K working life onlitie	ind of wo e, even if r st	rk done retired.)	12b. KIND O INDUSTRY reti	red.
13	Ba. US dmissi	SUAL RESIDENCE (Where ion) STATE ryland	13b	. COUNTY		13c. CITY OR	VECT	ISIDE CITY LIMITS?		T AND NU			
		TYLAND THER'S NAME First		ince Ger	last	Hyatts	MOTHER'S MAIDEN	NAME First	14012		Middle	Street	Last
T		TIEN S TOWNE THIS		Dodsor		13.	MOTTER 5 HOUDER		ah Ilar				Eddi
10		AS DECEASED EVER IN	U.S. ARMED FOI	RCES? 16b	. SOCIAL SECURITY I	NO. 17. IN	FORMANT	F - 15	U-14	A	ddress		11
L	Yes	, no, or unknown)	f yes give war or date	s of service)	79 030 7	74 N	ellie G	Dodson	Hya	ttsv	ille		
F	18	8. CAUSE OF DEATH (	Enter anly ane	cause per line to	or (a), (b), ond (c).	)							CIMATE INTERVAL ONSET AND DEATH
1		PART I. DEATH WA	S CAUSED BY: IMMEDIATE CAU	ISE (a)	ate l	ardia	e Icca	enfear	wort	_			
		4279	D	UE TO, OR AS A	CONSEQUENCE OF								
		onditians, if any, whic se ta immediote cou		(b)									
	st	toting the underlying		UE TO, OR AS A	CONSEQUENCE OF							2	
	-	ost.	,	(c)									
		PART 2. OTHER SIGNIFIC	ANT CONDITION	AARA CA	LEED OF OUR	of RELATED TO	the terminal dise	ase or condit	HON GIVEN II	N PART I(d	1)		
AT OF A	15 IS	a. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	DEFRATION WAS PE	RFORMED	20a. AUTOPSY?				INDINGS (	ONSIDERED IN	CERTIFYING
TIPLE	CEKIIFICATION 1		10				YES 🔀	NO 🗌	CAUSES O	F DEATH?	Yes		
		a. ACCIDENT WAS UN		21b. TIME OF INJ		21c. HO	W INJURY OCCURRED	D (Enter notu	re of injury i	n Port I o			
200		or contributing [] cau f either, natify medica	l examiner)	P.M.	onth Day Yeor			8 26			- 4		
1	v at	Ald. INJURY OCCURRED While Not while twork of wark			IOME, FARM, STREET, FAC CE BUILDING, ETC.		ATION Street ar R		City ar			Caunty	State
	2	2a. I certify that saw the dece causes stated	(I) (states (I) asset alive of above, (I)	n Jan (akas) (did) (aka	ed the decease 8 1	ed from 968_, and bady after d	that in (my) (eath.	, 19 <u>6</u> / wr) opinian	, to <u>Jar</u> death occ	urred or	, 19 n the do	68 , tha ate and hour	t (I) 1600) la and from th
	2	2b. SIGNATURE	De	7		DEGRE		MED.		STAFF C		DATE SIGNED - 9 6 8	/
	2:	2d. PHYSICIAN'S NAME (Type)	Aaron	Deitz,								SVILLE	, MARYLAI
L	R	BURIAL, CREMATION, REMOVAL (Sperify)	Jan 1	1, 1968			Cemetery	C	LOCATION Olmar	Mano	r Pr		(State)
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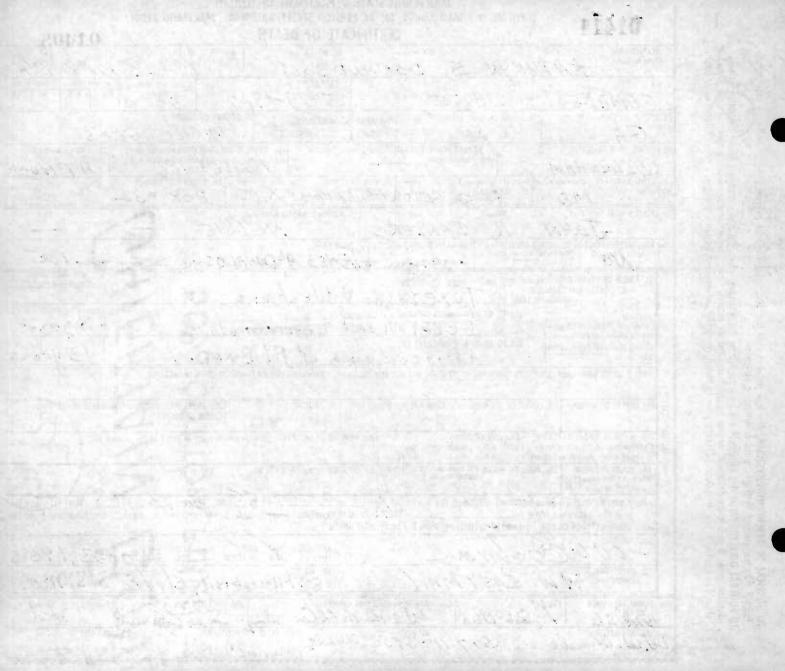
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01404 FOR STATE CAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPI 1. DECEASED-NAME Middle First 20. DATE KNOWN 2b. HOUR (Type or Print) ESTI-DEATH MATED & 1-2 Donald 19 7 0:30 TOM Robert IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 3. SEX 4. RACE S DATE OF BIRTH 2d. HOUR land 2 with the State Departme M3. Month Year 19 2:20am 36 Male White 9-25-193] YRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Office olong with farm washington, DC USA WIDOWED [ DIVORCED oc Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Prince George Hospital during most of working life, even if retired.) **INDUSTRY** Cheverly 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN after death YES NO 13 Street Washington Item 18 Middle 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME poges = 4 should be forworded to the Chief Medical Examiner's pencil 17. INFORMANT (Yes, no, or unknown) File within executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute intoxication ethyl alcohol IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if ony, which gove rise to immediate couse (a). writing the ward Ony should DUF TO, OR AS A CONSEQUENCE OF stating the underlying couse = certificote PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) OS 20. AUTOPSY? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES TX the certificate, NO [ pe 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M EXAMINER: cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.) FUNERAL DIRECTOR: Poge WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy 12. Inspection X Inquiry 3 ond in my apinian death resulted from: Natural causes X Accident . Homicide | Suicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** DEPUTY MEDICAL EXAMINER 5 may TO FUNE Health NAME (Type) John ADDRESS(Street, city, town, or county) kehoe. Riverdale. 23d. LOCATION (City or Town) (State) FTER FUNERAL DIRECTOR ADDRESS 250 REC'DIRY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR VR ATSME (5) 10M REV. T/68

MAKYLAND STATE DEPARTMENT OF HEALTH

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			ND STATE DEPARTM				
7	137.37	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STR	REET, BALTIMORE,	MARYLAND 21201		
	17877		CERTIFICATE OF	DEATH		01405	
1. DECEASED		Middle	Last	2a. DA	TE OF DEATH	2	b. HOUR
(Type ar	KAIL KAIL	KYN .S. D.	ONALD SO	1	/ Manth 2 3 Da	1988 7	145A
3. SEX		4. RACE	S. DATE OF BI	RTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UN MONTHS DAYS HOU	NDER 24 HRS.
FE	MALE	WHITE	5-1	9-1917	SO YRS.	MONTHS DATS 7100	MIN.
70. BIRTHP	ACE (State or foreign 7	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MAR	KIEU	Y OF DEATH		
. 6	A.	USA				5,03	M
-	TOWN OF DEATH	give street address)	NSTITUTION (If nat in haspital	during/most af war	TION (Kind af wark dane king life, even if retired.)	12b. KIND OF BUSIN INDUSTRY	VESS OR
13a. USUAL	RESIDENCE (Where deceased	lived, if institution: Residence before	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? 13	Je. STREET AND NUMBER	17110	0000
admissian)	STATE M.D	13b. COUPRINCE GEV'S	CHELSENHAM	YES NO	BOX #32	_	
14. FATHER	S NAME First	Middle Last		AIDEN NAME First	Middle	Lo	ıst
No.	JOHN	R SANDE		NELLI	E		-
	DECEASED EVER IN U.S. ARMEI or umknown) (If yes give wor	or dates of service)	NO. 17. INFORMANT	A A . /	Address	13	_
	No.	- linkno	un ASHMES.	14 DONALD	SON Sam	APPROXIMATE IN	<u>C</u>
18. C	AUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I	ane cause per line far (a), (b), and (	(.)	1.		BETWEEN ONSET AL	ND DEATH
,		CAUSE (a)OXEN	118 A MG	akness			
Candi	tians, if any, which gave	DUE TO, OR AS A CONSEQUENCE O	1 1 -	1.1		3 V2	
rise to	immediate cause (a),	(b) (rener	alized Ca-	1CINOWIO	0515	750	2 Y S
statin last.	g the underlying cause	DUE TO, OR AS A CONSEQUENCE O	orcinoma of	BY Ring	X	13 48	7 YS
	2. OTHER SIGNIFICANT COND	TIONS CONTRIBUTING TO DEATH BUT		DISEASE OR CONDITION	GIVEN IN PART 1(a)	-	
1.	70 X						
OLY 19a. D	ATE OF OPERATION 19b. CO	NDITION FOR WHICH OPERATION WAS F	PERFORMED 20a. AUTOI		Ob. IF YES, WERE FINDINGS (	ONSIDERED IN CERTIFY	ING
19a. D			YES 🗀	NO 🗆	AUSES OF DEATH?		
	CCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. Manth Day Yea	21c. HOW INJURY OCC	URRED (Enter nature a	f injury in Part 1 or Part 2,	Item 18.)	
(If eit	her, natify medical examine	) P.M.	19				
	NJURY OCCURRED 21e. Pl	ACE OF INJURY (AT HOME, FARM, STREET, I	ACTORY.) 21f. LOCATION Street	t ar R.F.D. Na.	City ar Tawn	Caunty	State
at war	k at wark —	1 2: 1	1.6	10/	() - () ·	68	
22a.	I certify that (I) (thises saw the deceased alive	hospital) attended the decea	sed from	, 19 <u>5</u> , to	The accurred on the de	b, that (1)	(we) la
	causes stated above	(I) <del>(we) (did</del> ) (did nat) view the	bady after death.	7) ( <del>oor)</del> opinion dec	and accorded an interact	are una naor alla	iruili (I
22b. S	IGNATURE	17	ATTENDIN	IG MED.	STAFF 22c.	DATE SIGNED	200
-	w mod	roman	DEGREE PHYS.	DIRECTOR	PHYS. D	1123,19	60
	PHYSICIAN'S NAME (Type) IN W	EASTMAN	22e. ADDI	S/Univers	7. Bly 18	S. S. m	d
23g. BURIA	L, CREMATION, 23b. DA	TE 23c NAME O	CEMETERY OR CREMATORY		CATION (City or Town)	(Caunty) (St	tate).
REMO	VAL (Specify)	26-1968 W	ash notle	weten S	willand	2 m	
24, FUNER	AL DIRECTOR	ADDRES	SESESUA LA	2Sa. REC'DON' REGISTR		de de	
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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01414

## CERTIFICATE OF DEATH

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erdeath		PLACE OF DEATH  1. COUNTY P1	rince Georg	ges	MARYLAN	a. STAT				institution b. COUNT	n: Residence	befare odmi	ssian)	
03 47 3		. CITY OR TOWN (	If autside carparate lim	its,	c. LENGTH OF STAY IN IE	c. CITY OR	TOWN (If o	utside carpa	rate limits, w	vrite RUR	AL ond give n	nearest town		
		Glenn I	d give nearest town) Dale (rura)	1)	lyr.,5 mos.	Was	hingt	on						
		. NAME OF HOSPIT	AL OR INSTITUTION (IF	d. STREET	ADDRESS				1 3	e. IS RE	SIDENCE FARM?			
3		Glenn I	Dale Hospit	:al		112	2 Ho1	brook	St.,	N. E			NO X	
7	3.	NAME OF DECEASED	1	irst	Middle	Las	it	4. DATE		Manth		Day	Year	
		Type ar print)	C1	arence	-e.	Edward		OF DEAT		1	2		9 68	
l	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF		30.53	9. AGE (In y	years	IF UNDER 1 Y	Par IF UNI	DER 24 HRS	
ĺ		M	N	WIDOWED			3/190		59 birth					
	10o duri	USUAL OCCUPATION  no most of working	(Give kind of work don-	e 10b. I	(IND OF BUSINESS OR NDUSTRY			y & Stote, ar	fareign countr	ry)		EN OF WHAT		
			life, even if retired) CNOWN	u	ndustry nknown		rida					SA		
	13.	FATHER'S NAME					ER'S MAIDEN		0.0					
	-	Robert H					oseph	ine	??					
	15. (Ye	was deceased eve s, na, or unknown)	R IN U.S. ARMED FORCES (If yes give war ar dates	of service)	SOCIAL SECURITY NO.	17. INFORMANT				Addres	25			
					65-16-5385	Decede	nt							
		18. CAUSE OF DI PART I. DEA	EATH (Enter only one co TH WAS CAUSED BY:	use per line fo	r (a), (b), ond (c).)	e luos son la	r acc	ident	(prob	bably	v	1 ONSET AND	DEATH	
		1122	IMMEDIATE CAUSI	(o) th	urrent cerebi combosis	Ovasoure			(PTO)		,	I hour	3	
		Conditions, if any	/	E TO	ebral arterio	sclerosi	g					unknov	m	
		nise ta immediat	e cause (a), (	r 70								-		
		stating the unde	rlying couse	(c) Gene	eralized arte	erioscle	rosis					unknown		
			GNIFICANT CONDITIONS		TO DEATH BUT NOT RELATED	TO THE TERMINA	DISEASE (C	NDITION GI	VEN IN PART	1(a)	1	19. WAS A	LITOPSY	
2	ATION	33/x	OMITICALLY COMPITIONS	CONTRIDOTINO	TO DEATH BOT NOT KEENTEL	TO THE TERMINA	L DISENSE CO	JIDINION OI	TEN IN TAKE	1(0)		PERFO YES	RMED?	
	CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY	S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)	20b. D	ESCRIBE HOW INJURY OCCUR	RED. (Enter nature	af injury in	Part I ar P	art II of item	18.)				
	MEDICAL		JRY Month, Day, Yeor n.	Whil		PLACE OF INJURY factory, street, of	(Hame, far fice bldg., etc	m, 20f.	(City or t	lown)	(Caun	17)	(State)	
be detache State Dept.		01   1	fy that (* (this ha		nded the deceased fra	m7/2	9/	19 66,	ta	1/2	2/, 196	8, that (*)	(we) lo	
		ZI. I certi			2/ 10 60	that doath a	curred a	7:30A	M, fram o	auses o	and an the	date stat	red abay	
		saw the de	eceased alive an_		21 19 00, and	mui deam di						E SIGNED		
				110	1			MED.	- STAF	FF _				
		saw the do	eceased alive an_	110	19 00, and	M.D. PHYS.	NG	MED. DIRECTOR	STAF PHY		1/:	2/1968	<u> </u>	
		saw the de	eceased alive an_	M	m	M.D. PHYS.	NG	DIRECTOR			1/:		}	
	00	saw the de 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type	Moe Weiss	М, м. р	m.	M.D. ATTENDI PHYS.	NG	lenn D	Dale H ale, M	lospi ld.	1/i	2/1968		
	230	saw the de 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type	Moe Weiss	M. D.	23c. NAME OF CEMETER	M.D. ATTENDI PHYS. 22d. A	NG  IDDRESS G G1	lenn D	Dale Hale, M	lospi Id.	1/2 ital	2/1968 County)	(State)	
1		saw the do 220. SIGNATURE 220. PHYSICIAN'S NAME (Type  BURIAL, CREMATIL REMOVAL (Specify BURIAL)	Moe Weiss DN, 23b. DATE TO 1 1-6	М, м. р	23c. NAME OF CEMETER Harmony	M.D. ATTENDI PHYS. 22d. A	NG DDRESS G G1	lenn D	Dale Hale, M	lospi id.	1/2 Ltal	2/1968 County)	(State)	
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- 1	MARYLAND STATE DEPARTMENT OF HEALTH	
	01415 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	CERTIFICATE OF DEATH 01405	)
	DECEASED-NAME First Middle Lost 20, DATE OF DEATH (Type or print) Month Doy Year	2b. HOUR
	ROBERT M ERWEST Jen 28 1968	12:501.
3.	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IT UNDER LYEAR lost birthday) Months Days	IF UNDER 24 HRS. HOURS MIN
9	Male White July.14.1927 40 YRS	IIOOKS IMIN
70.	O. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	B
Cal	Ala. USA WIDOWED DIVORCED Prince George	N
	D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND O	F BUSINESS OR
4	Cheverly givestreet oddress) Geo Gen Hosp DC. Hove D C. Hove if retired.) INDUSTRY	
	30. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
adr	dmission) STATE Md   13P COUNTY rince George Hvattsvil TED NO 5507. Gallatin	St
	4. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
	Charles E. Ernest Claudia L.Dickerson	
	6a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
E	Yes, no, or unknown) (If yes give war or dates of service) Charles H. Ernest	
	1 18. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c), b	XIMATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CITILDES A AWE	GRISET AND DEATH
	571. 8 DUE TO, OR AS A CONSEQUENCE OF -	
	(Conditions, if any, which gove)	
	rise to immediate cause (a), Stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
	last. (c)	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
1.	5870	
JOIN TO	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN	CERTIFYING
CERTIFICATION	YES NO CAUSES OF DEATH?	
GER	21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
MEDICAL	Contentation   Cause of Death   HOUR A.M.   Month Doy Yeor   Content   Hour A.M.   Hour	
MED		State
	While Not while of work Office Building, ETC.	
	22a. I certify that (1) (this hospital) ottended the deceased from 12/29 1967, to 1968, the	t (I) (we) lo
	saw the deceased glive on 19 and that in (my) (our) opinion death occurred on the date and hau	and fram t
	couses stated above, (I) (we) (did) (did nat) view the body ofter death.	
	22b. SIGNATURE Garry Lamy Serry DEGREE ATTENDING MED. STAFF DIRECTOR DIRECT	
н	DIRECTOR TO FRIS.	
	22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS	
23	30. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(Stote)
E	Butting Val Trecify) 2-1-68 Cedar Hill Cem. Suitland, Md.	
24	ADDECC OC. DECID DV DECISTRAD OC. DECISTRAD OC. DECISTRAD OC. DECISTRADIC SIGNATURE	Lar
+	Lee Funeral Home 300-4th St. N.E. DAFE B 1 1968	

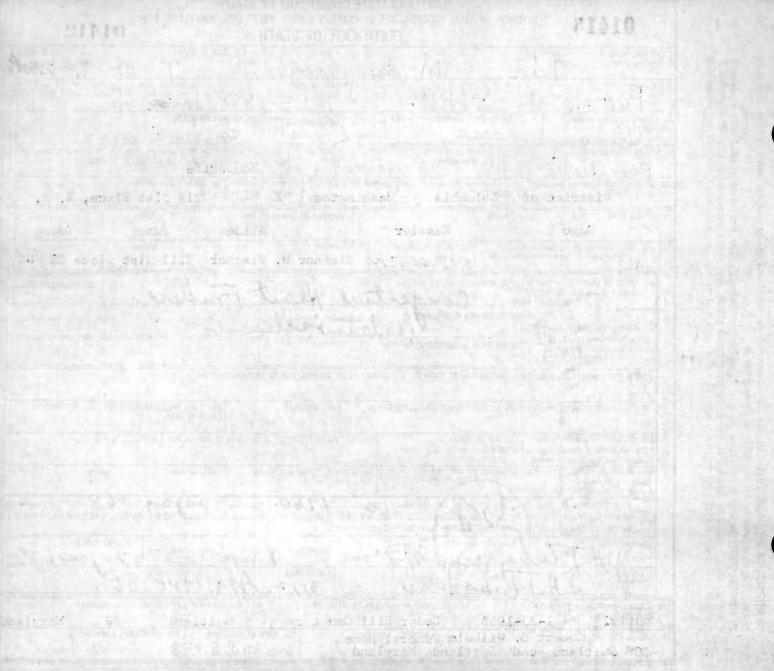
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FORWATATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MAKYLAND 21201	
LOK 2141F	MEDICAL EXAMINER'S CERTIFICATE OF DEATH  1. DECEASED-NAME First Middle Lost 20 DATE KNOWN FOR Month Day Year	
HEALTH DEPT.	(Type or Print)	. 12:4
si s	10101010	968 p M
delay nd 3 3. Po	lost birthdory) Month's Day's Hours Min. Month Day Yeor	2d. HOUR 1:10
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of to see	70700	F BUSINESS OR
4 hours after death. Item 18. Give Pages 1 5 Office along with fage 1 and 2 with the State L ofter death.	give, street address) Sales Sa	
Give ng v	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c (ITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
offi ala deat	odmission) STATE M d 13b. COUNTY Prince George Park YES NO 1211 Eastern Ave	
hours after Item 18. Giv Office along Tand 2 with th	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN, NAME First Middle	Lost
24 hin Ite in Ite of ris of risks	The Manalon In Turknown.	
hin 24 ncil in niner's pages hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 116h. SOCIAL SECURITY NO 117 JINFORMANT / (Willed ADDRESS . W.	ash AG.
	(Yes, no, or unknown) (If yes give war or dates of service) Bertha P. Kwaus, 1211- Easter Oct	718
id with the learn that the learn tha	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	KIMATE INTERVAL ONSET AND DEATH
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DEPUTY Cessary, please exect e funeral director. Po may be retained for FUNERAL DIRECTOR: solth prior to buriol,	22a. I certify that I taok charge at the remains described above, held an Autopsy, Inspection, Inquiry, and i death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner	n my opinion
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y, plecy, plecy, plecy and district district the prior to	ACTUAL  SIGNATURE  AD ASSISTANT MEDICAL EXAMINER  22b. DATE SIGNED	
EPUTY sssary, funeral ay be JNERAL	SIGNATURE M.D. ASSISTANT MEDICAL EAGMITTER	
O DEPUTY necessary, the funers 5 may be O FUNERA Health p	EXAMINER'S NAME (Type)  John Kehoe, M.D., Riverdale  ADDRESS (Street, city, town, or county)	
ro DEPUTY necessary, the funera 5 may be 70 FUNERA Health pr	230 BURIAN CREMATION, 23b. DATE , 23c. NAME OF CEMETERY OR CREMATORY 23d OCATION (City or Town) (County)	(Stole)
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1	1.	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
8	(M)	Items 5 & 6 Film G397 1/24/68 kk CERTIFICATE OF DEATH  O1411
r death.		1. DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) Sterling Frederick Sterling Evans Mapth Day Year 935 P. M.
after of the run	S T	3. SEX Male  4. RACE S. DATE OF BIRTH 9-18-08-1910  6. AGE (In years if under YEAR if under 24 Hrs. last birthdgy) MONTHS DAYS HOURS MIN
4 haurs in by	s. ho	70. BIRTHPLACE (State or foreign country)  Pa.  7b. CITIZEN OF WHAT COUNTRY?  WIDOWED DIVORCED 99. COUNTY OF DEATH  WIDOWED DIVORCED 99. COUNTY OF DEATH  WIDOWED DIVORCED 199. COUNTY OF DEATH
xecuted within 24 campletely filled i	within 74	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired) 12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 12. LIND OF BUSINESS OR during most of working life, even if retired) 12. LIND OF BUSINESS OR love the lind of working life, even if retired) 12. LIND OF BUSINESS OR love the l
uted w	event	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER nal admission) STATE NO 13b. COUNTY Prince Georges Landovers No 7504 Maryland Blvd.
be exec	lease remainand and in any	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Josephine Kennedy
ertificate be exe	al, and	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 211 10 4159 17. INFORMANT Viola Evans Landover, Md.
it the death of	burial-transit permit. Then p burial, crematian, ar removal,	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISSOSE OR CONDITION GIVEN IN PART 1(a)
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ATTENDING etained by the CTOR: After t	director, page 3 shauld be detached should be filed with the State Dept. af	21d. INJURY OCCURRED While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 19 d., and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) did) (did not) view the bady after death.  22b. SIGNATURE  22c. PHYSICIAN'S NAME (Type) L. W. Malin, M. D.  21f. LOCATION Street or R.F.D. No.  City or Town County State  (ity or Town County (ity or Town County State  (ity or Town County State  (ity or Town County State (ity or Town County State (ity or Town County State (ity or Town County State (ity or Town County State (ity or Town County State (ity or Town County State (ity or Town County State (ity or Town County State (ity or Town County State (ity or Town County State (ity or Town County State (ity or Town County State (ity or Town County State (ity or Town County State (ity or Town County State (ity or Town County State (ity or Town County State (ity or Town County State (ity or Town County State (ity or Town County State (ity or Town County State (ity or Town County State (ity or Town County State (ity or Town County State (ity or Town County State (ity or Town County State (ity or Town County State (ity or Town (ity or
O HOS	should	230. BURIAL (REMATION, REMOVAL (Specify)  Jan 15, 1968
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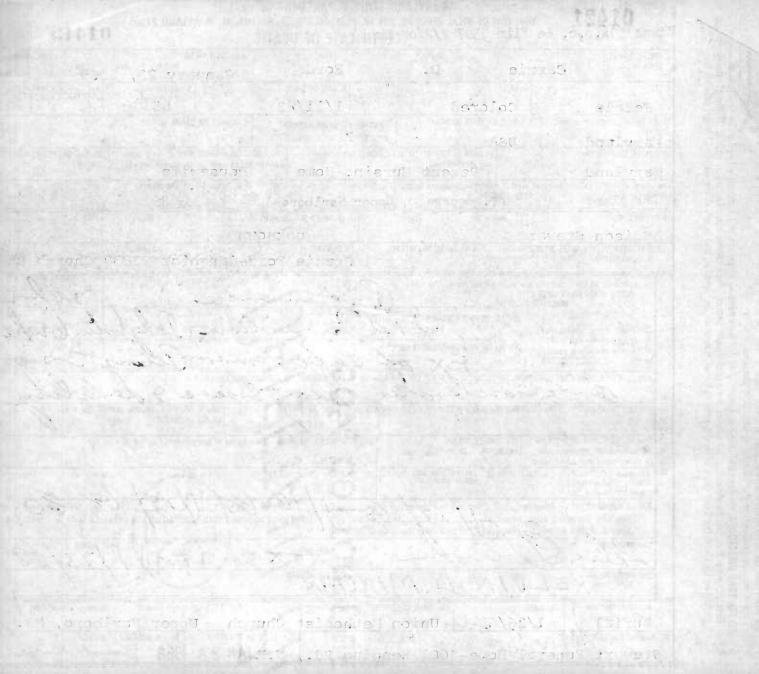
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the turner of the control of the con	3. SEX 4. RACE Colored	S. DATE OF BIRTH	6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Manths DAYS HOURS MIN. 85 YRS.
n 24 hours affilled in by the papers. Page:	7a. BIRTHPLACE (State or foreign country)  Maryland  USA  10. CITY OF TOWN OF DEATH  11. NAME OF HOSPITAL OR INS	8. MARRIED NEVER MARRIED 9. COUNTY WIDOWED DIVORCED 9. COUNTY	OF DEATH ON (Kind of work done 12b, KIND OF BUSINESS OR
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quires that the death c physicion. igned by the attending uriol-transit permit. It	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT ACCORDED.	led manition of Left Jemes	- Dehylvatin ( whs
IAN: The law related or oftending I ficote has been stored for use as the killer the little of the killer the	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PER	YES NO CAU	. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
bing PHYSICIAN: by the hospital or tfter this certificate be defached for u State Dept. of Healt	21a. ACCIDENT WAS UNDERLYING  TO RECONTRIBUTING CAUSE OF DEATH  (If either, natify medical examiner)  21b. TIME OF INJURY  HOUR A.M. Manth Day Year  P.M.  21d. INJURY OCCURRED  While Not while at work of work	21c. HOW INJURY OCCURRED (Enter nature of in Natural causes  10RY.) 21f. LOCATION Street or R.F.D. No.	njury in Part 1 ar Part 2, Item 18.)  City ar Tawn County State
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SPITAL OR 4 may be r IERAL DIRE or, page 3	22d. PHYSICIAN'S NAME (Type) KELVIN L. TY	DEGREE PHYS. DIRECTOR L	PHYS. 1 / 125/08
TO HOSPITAL Poge 4 may TO FUNERAL TO FUNERAL A STATE SHOULD be fill TO HOSPITAL TO HOSPITA	BUY 1 at 1/26/68 Union 24. FUNERAL DIRECTOR AND PRESS	CEMETERY OR CREMATORY  Methodist Church  2So. REC'D BY REGISTRAF  Thing Rd. DAN.EJAN 2	remit # # D



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S		male	wh	ite		4-30-01	1	last birthday) YRS.	MONTHS DAYS	HOURS MIN.
hou		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT	COUNTRY?		NEVER MARRIED				
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ily 73	R	ity or town of DEATH	give stree	of Hospital or Inst et address) and Memo	rial H	osp. du	ring most of working Retired N	N (Kind of work done g life, even if retired.) avy Dept.	12b. KIND OF INDUSTRY UPERVI	LSOr
in ony event,		USUAL RESIDENCE (Where deceasission) STATE Md.	ed lived, if institution: 13b. COUNTY P		13c. CITY OR T	VEC E	7 NOF7	TREET AND NUMBER  O9 Quebec	Street	
1	14.	FATHER'S NAME First	Middle	Last	15.	MOTHER'S MAIDEN I		Middle		Last
		John		Fredi		A	Augusta		Pauls	on
	160	-		b. SOCIAL SECURITY NO. 101 09 911		Spouse		Address		
		1B. CAUSE OF DEATH (Enter on	v ane cause per line f	or (a) (b) and (c).)		Spouse				MATE INTERVAL INSET AND DEATH
	14	PART 1. DEATH WAS CAUSED	O BY: NTE CAUSE (a)	VENTR	ICULA	A FII	BRILLAT	ION	20	A A A A A
		410.9		CONSEQUENCE OF					120	Mille
		Canditians, if any, which gave)	(b)	CORON	ARY	OCCLU	SION	G-37 (3.47)		
		stating the underlying cause		CONSEQUENCE OF						
	6	PART 2. OTHER SIGNIFICANT CON	(c)	C TO DEATH BUT NO	T DELATED TO	TUE TERMINAL DICE	ASE OR CONDITION CIV	EN IN DADT 1/a)		
	19	42 A		M. GM		MA	ASE OR COMBINION ON	EN IN PART ((0)		
	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH			20a. AUTOPSY2		IF YES, WERE FINDINGS	CONSIDERED IN C	ERTIFYING
1	STEE					YES P	NO CAUS	ES OF DEATH?		
		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		JURY Manth Day Year	21c. HOV	V INJURY OCCURRED	(Enter nature of in	ury in Part 1 ar Part 2,	, Item 18.)	
	MEDICAL	(If either, notify medical exami-	ner) P.M.	19	(OBV ) (C) ( 150	ATION C:	ED No.	T	Count	State
	2	at work at wark	PLACE OF INJURY (AT OFF					y or Town	Caunty	
		22a. I certify that (I) (the saw the deceased a	is haspital) attend	led the decease	d from	that in (my) (a)	, 19 <u>64</u> , ta ur) apinian death	accurred on the d	9 <u>68</u> , that late and hour	(I) (we) la
		causes stated above	e,(1) (we) (did) (di	d nat) view the b	ady after d	eath.	or, apiman doam	accorred an inio a	are and maer	und mann n
	18	22b. SIGNATURE	11			ATTENDING	MED.	STAFF -	DATE SIGNED	11/6
	13	22d. PHYSICIAN'S	Holliese	in	DEGRE	PHYS. L	DIRECTOR L	PHYS.	/ 1/	70 00
1		NAME (Type)	J. HO.UM	ANN	M.D.	226. ADDRESS	RIVE	RDALE	MI	),
2	230	BURIAL, CREMATION, REMOVAL (Specify) 23b.	DATE Feb	23c. NAME OF				ION (City or Town)	(Caunty)	(State)
3	24	Cremation FUNERAL DIRECTOR	1, 1968	ADDRESS	oin Cr	ematory	REC'D BY REGISTRAR	r Manor F	ro Geo	Md.
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First 20. DATE KNOWN 2b. HOUR (Type or Print) ESTI-1-18-68 195:10pmM Freeland Wanda DEATH MATED 6. AGE (In years 3. SEX 4. RACE IF UNDER 24 HRS. S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR last birthday) Month 6819 5:11 OpmM Negro 4 Feb. 1965 Female YRS 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH Maryland 4 should be forwarded to the Chief Medical Examiner's Office along with form WIDOWED [ DIVORCED | Prince George's pages 1 and 2 with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Prince George Hospital during most of working life, even if retired.) INDUSTRY Cheverly 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER after deoth George's Carmody Hills YES NO 7401 D. Street 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Middle Hazel Smith Ę. James Freeland 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) Mother 7401 D.St. Carmondy Hill be executed event within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Irreversable brain damage DUE TO, OR AS A CONSEQUENCE OF Asphyxia burial-transit Conditions, if any, which gave (h) From occlusion of airway by baloon fragment rise to immediate couse (o), ony word certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES X NO T 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Doy, Yeor 3 shauld cremation, or PRIMARY [ ] OR CONTRIBUTING MEDICAL CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.)
Bedroom of home WHILE AT WORK AT WORK same as #13 buriol, 22a. I certify that I taak charge of the remains described above, held an Autopsy 🔀, Inspection X Inquiry X and in my apinian director. death resulted fram: Natural causes Acident X. Suicide [ Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 1-19-68 **EXAMINER'S** NAME (Type) Riverdale, Md. ADDRESS(Street, city, town, or county) 230. BUTAL, CREMATIC 50 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) REMOVAL (Specif 1-22-68 Patuxant Ch.Cem Huntingtown 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (5) Elianely Judge DATE

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deloy	3. S	X 4. RACE	S. DATE OF BIR		AGE (In years last birthday)	MONTHS DAYS	HOURS 1	ZC. DAIL	PRONOUNCED DEAD		2d. HOUR
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hin 24 ncil in niner's pages hours		WAS DECEASED EVER IN U.S. ARMED		16b. SOCIAL SECURIT	Y NO. 1	7. INFORMANT			ADDRESS		
	(1	es, no, or unknawn) (If yes giv	war or dates of service)			Mr. C.	lyde h	. Funk	houser	(Son)	
d v in l Ex		1B. CAUSE OF DEATH (Enter o	nly one cause per li	ne far (a), (b), ond	(c).)				W. == #1 p =	APPROXIMATE BETWEEN ONSET	
ruld be executed vord "pending" in the Chief Medical E. al-transit permit. Fany event within		PART I. DEATH WAS CAUS	ED BY: PATE CAUSE (a)	Heart Fa						ten da	
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0 5 5 7	CERTIFICATION			WAS PERFORM	ED?					YES 🗀	NO X
T b o c o	CER	21a. EXTERNAL CAUSE WAS		INJURY Month, Day,	rear 2	1c. HOW INJURY	OCCURRED (Ent	er nature af injury	in Part 1 or Part 2,	Item 18.)	GE 70
INER: Te certifice shauld be files. 3 should a should brites.	MEDICAL	PRIMARY OR CONTRIBUTING CAUSE OF DEATH	HOUR A.I		9						
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VR AI5 (4) 20M 1/65

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01421

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Pr. Geo.
Prince George's MARYLAND	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
9920 Franklin Ave. 1 plus	GlennDale Heights /6-/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  6. IS RESIDENCE ON A FARM?
GlennDale Heights	9920 Franklin Ave. Wes No
3. NAME DF DECEASED (Type or print)  Hatie VIV9ING	GASCH OF Month Day Year OF 1968
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.  1   1   1   1   1   1   1   1   1   1
telline White WIDOWED DIVORCED	21 Sept. 94 73 vrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of workdone   1Db. KIND OF BUSINESS OR during most of working life, even if retired)   INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
House Wife Own Hame	Maryland U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John T. Ferguson	Emma Windsor
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITYNO.   17.	INFORMANT Address
No (1fyes give war or dates of service) 218 38 8284 B E1	roy A. Gasch Same as # 2 Husband
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
MMEDIATE CAUSE (a)	0 1 0
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gave rise to Immediate  Cause (a) stating the DUE TO	
cause (a), stating the underlying cause last.	fremodoses gen
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 11 WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO V
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLAC	CE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC factor while at work 19 at work	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	1955 to 110 1968 that (I) (we) last
	death occurred at M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Wennes Nurs M.D.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
HAME (1) PE U FI James RUP 12	RFD GUM BULL MI
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
Burral (Specify) 1/12/68 Ft. Lincoln C	
24. FUNERAL DIRECTOR ADDRESS	25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Francis Gasch's Sons Hyattsville, Mary	land DATE JAN 15 1988 followers June

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01422 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEACTH DEPT. 1. DECEASED-NAME Middle 20. DATE KNOWN Month Doy (Type or Print) OF ESTI-William Wallace Gibb DEATH MATED 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR 1968 male 3-15-02 white 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH country) Prince George's WIDOWED X DIVORCED lond 2 with the Stota 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done | 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH the certificate, writing the word "pending" in pencil in Item 18. Give Pogi 4 should be forwarded to the Chief Medicol Examiner's Office along with give street oddress)
Prince George's General Retired Narble Ma Cheverly Retired Marble Mason 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER after deoth 13b. COUNTY P.G. Box 291 Hillmeade Rd. Bowie YES NO X 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First William B Gibbe Ida Elizabeth Canter 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war at dates of service) 578 18 4209 Mary J Gibb Bowie. Md. within 72 APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Heart Failure nutes DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove Arteriosclerotic Heart Disease unknown rise to immediate couse (a). certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 4200 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗌 NO X 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Doy, Yeor 3 should PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE T 22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection X, Inquiry X, and in my apinian Natural coppes IX Acadent Suicide Homicide deoth resulted fram: Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 226. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 1-13-68 DEPUTY MEDICAL EXAMINER S moy ro FUNE Health NAME (Type) John Kehoe M.D., Riverdale, Md. ADDRESS (Street, city, town, or county) 230. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) Jan 16, 1968 Ft Lincoln Cemetery Colmar Manor Pro Geo Md. ADDRESS 24. FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville. Md. VR A15ME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01423 01423 CERTIFICATE OF DEATH Last 2o. DATE OF DEATH 1. DECEASED-NAME First (Type or print) Month Marie Gibbons 6. AGE (In years 4. RACE S. DATE OF BIRTH IF LINDER YEAR IF LINDER 24 HRS. 3. SEX 24 hours after last birthday) OAYS HOURS White YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED | NEVER MARRIED filled in papers: ithin 22 ha country) Prince Georges WIDOWED | DIVORCED | Wash. DC 12a. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR ar remaval, and in any event, within PHYSICIAN: The law requires that the death certificate be executed within give street oddress) Leland Mem. Hospital during mast af working life, even if retired.) **INDUSTRY** Riverdale 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY NO Livingston Oxenhill 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle Last Eduaro Tuseph Deceased Deceased 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Worked Prior To This Yes, na, ar unknawn) (If yes give war or dates of service) Leonard Gibbons 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Heart Failure hour IMMEDIATE CAUSE (a) burial, crematian, DUE TO, OR AS A CONSEQUENCE OF week Conditions, if ony, which gave remiz burial-transit rise ta immediate cause (o). signed by DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital ar attending physician. stoting the underlying couse irrhosir of Liver PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) priar to O FUNERAL DIRECTOR: After this certificate has been far use as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO 14 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State 21d. INJURY OCCURRED County While Not while at work 22a. I certify that (I) (this hospital) attended the deceased fram. Tec., 1966, to TAM. 25, 1968, that (I) (we) lost saw the deceased alive on January 25,1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stoted obove, (1) (we) (did) (did not) view the body ofter death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING DEGREE PHYS. 22e. ADDRESS 4300 St. Barnabas Robd Marlow Heights, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial Suitland, Maryland Cedar Hill Cemetery 25b. REGISTRAR'S SIGNATURE WNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR **ADDRESS** Wash .. VR A15 (4) 30M REV. 1/68 immons Bros. 1661-Gd . Hope Rd . Se.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01424 CERTIFICATE OF DEATH DECEASED-NAME Middle last 20. DATE OF DEATH 2b. HOUR p First (Type or print) 1968 ar B. Gilbert Jan. 11:45M James 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR 1908 last birthday) burial, cremation, or removal, and in ony event, within 72 hours aft 200000000 59 Caucasian March Male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Maryland IISA DIVORCED XX Prince Georges WIDOWED [ filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address deo. Gen'l Hospital during mestiverking lite even if retired.) Police Dept. remove carbon Cheverly 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed demission) STATE Prince Georges YES 🔀 433 60th Avenue Capital Hgts 14. FATHER'S NAME Lost 1S. MOTHER'S MAIDEN NAME First Middle First Middle Charman J. Gilbert Estelle Belt physicion o 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Laurel. Md. Yes na, ar unknawn) Hillcrest Dr. Chapman Gilbert, Son. 21 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) artendente can signed by the burial-tronsit p Canditions, if any, which gave ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause Poge 4 may be retained by the haspital or offending physicion. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been see os the be detoched for use as the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES T NO XX O FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Nat while at work 22a. I certify that (I) (this baspital) attended the deceased fram. 22 (1967, to Jan. 15, 1968, that (I) (1968) last saw the deceased alive an 15, 1968, and that in (my) (1964) opinion death occurred on the dote and hour and from the causes stated above, (I) (1964) (alid) (a director, page 3 should should be filed with the 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S NAME (Type) Deitz. M. D. Prince Georges Plaza, Hyattsville, Md.

23c. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cemetery

23b. DATE

Robert E. Wilhelm Funeral Home

4308 Suitland Road, Suitland, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify)

24. FUNERAL DIRECTOR

23d. LOCATION (City or Town)

2Sa. REC'D BY REGISTRAR

(County)

Prince Georges, Maryland

2Sb. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH 01431 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01425 2b. HOURDM DECEASED-NAME First Middle Lost 20. DATE OF DEATH Month 31 (Type or print) 1968 ar Jessie May Good Jan. 5:25 M burial-transit permit. Then please remave carban papers. Pages 4 burial, cremation, or remaval, and in any event, within 72 hours after 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 1F UNDER 24 HRS. offe last birthday) the 5-29-1871 Female. White requires that the death certificate be executed within 24 hour 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED N Washington, D. C campletely filled in DIVORCED T U.S.A. WIDOWED Prince Georges 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) Hyattsville Nursing Home during mast af warking life, even if retired.) INDUSTRY Hyattsville 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Md. 13b Montgomery W 5320 Willard Ave. ChaseYES Thevv 14. FATHER'S NAME First IS. MOTHER'S MAIDEN NAME First Lost Middle Ada Hodgkin Thomas G. Good physician c Cousin 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Same as Yes, no, or unknown) Item 13. 579-60-1124 Hazel V. Reynolds APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gave ) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS\_CONTRIBUTING TO, DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART )(a) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED A 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES | O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Tawn County While Not while at work 220. I certify that (I) (this hospital) ottended the deceased from. 7.5 196 K and that in (my) (eve) apinion death occurred on the date and hour and from the saw the deceased alive an\_\_\_\_ causes stated abave, (1) (we) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRES NAME (Type) 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, (County) Burial Prince George County, Md. 2-3-68 Ft. Lincoln Cem 25a. RECT BY REGISTRAR 100 CSb. 24. FUNERAL DIRECTOR VR A15 (4) PUMPHREY, Bethesda, Maryland 30M REV. 1/68 DATE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled mry the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-beaus

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV. 1/68

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	ECEASED-NAME	First		Middle		Lost	20. D/	ATE OF DEATH			2b. HOUR
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3. SE	X		4. RACE			. DATE OF BIRTH		6. AGE (In years		UNDER 1 YEAR	IF UNDER 24 HRS.
	F			W		2/16/72		last birthooy)		ONTHS OAYS	HOURS MIN.
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14. F	FATHER'S NAME	First	Middle	Lost	15.	MOTHER'S MAIDEN NAME		Middle			Lost
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160.	WAS DECEASED	EVER IN U.S. AR	MED FORCES? war or dates of service)	16b. SOCIAL SECURITY	NO. 17. INI	ORMANT		Address			
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	PART 2. OTHER	SIGNIFICANT CO	ONDITIONS CONTRIBU			THE TERMINAL DISEASE OF	R CONDITION	GIVEN IN PART 1(0)			
CERTIFICATION	19o. DATE OF OF	ERATION 19b	. CONDITION FOR WH	ICH OPERATION WAS PE	ERFORMED	20a. AUTOPSY? YES NO [		20b. IF YES, WERE FINDING: CAUSES OF DEATH?	S CONS	SIDERED IN (	ERTIFYING
MEDICAL CER	21o. ACCIDENT OR CONTRIBUTING (If either, notification)	G CAUSE OF DE	ATH HOUR A.M. niner) P.M.	Month Doy Yeor	9			of injury in Port 1 or Port	2, Iten	n 18.)	
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230	BURIAL, CREMA	TION 23h	DATE		CEMETERY OR C			OCATION (City or Town)		(County)	(Stote)
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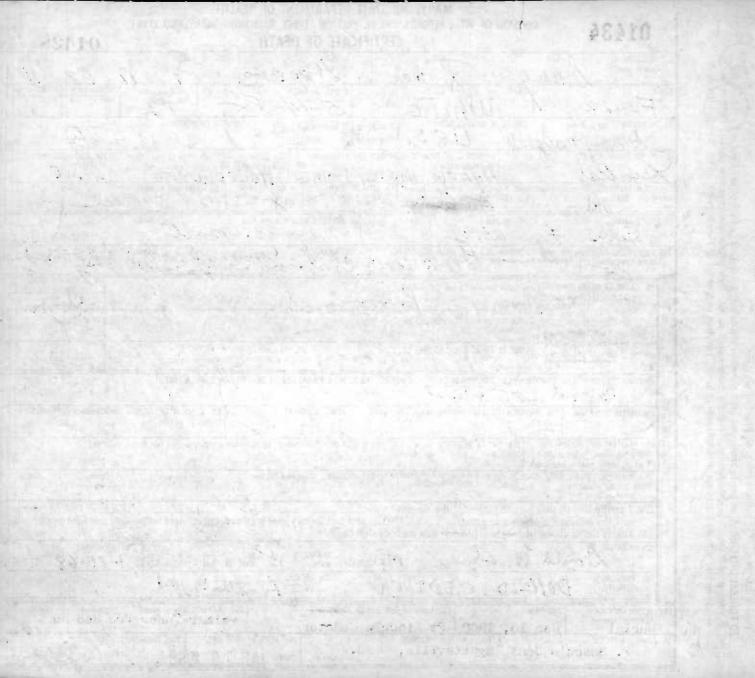
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01427 2b. HOUR DECEASED-NAME Middle Lost 2g. DATE OF DEATH requires that the death certificate be executed within 24 hours after death (Type or print) Month HOMAS A.G. GRABIL signed by the attending physician and campletely filled in by the furburial-transit permit. Then please remave carban papers. Pages burial, crematian, ar remaval, and in any event, within 72 hours after 3. SEX 4 RACE 6. AGE (In years IF UNDER 1 YEAR S. DATE OF BIRTH IF UNDER 24 HRS last birthday) 15. SEPT AUCASIAN YRS. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED filled in I PRINCE GEORGES WIDOWED DIVORCED VIRGINIA 10, CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during mast of warking life, even if retired.) INDUSTRY CHEVERLY 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES X STREE GEORGES 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Last GRABILL WILLIAM LCNG ANGIE 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? EVERETT 3898 NIAGARA MRS MARGARET Yes, na, or unknawn) (If yes give war or dates of service) 578072815 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF (anditions, if any, which gave) rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES -NO 🗌 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M (If either, notify medical exominer) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased fram alice 29, 1967, ta \_1968, and that in (my) (aur) apinion depth accurred an the date and haur and fram the saw the deceased alive an Jan 9 causes stated abave, (1) (we) (did) (did nat) view the body after death. 22b, SIGNATURE **ATTENDING** PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01434 CERTIFICATE OF DEATH 01428 DECEASED-NAME 20. DATE OF DEATH 2b. HOUR (Type or print) Month 3. SEX RACE 6. AGE (In years SE UNDER 1 YEAR IF LINDER 24 HRS. requires that the death certificate be executed within 24 haurs after MONTHS DAYS HOURS last birthday) the burial-transit permit. Then please remove carban papers.\Pages burial, crematian, ar remaval, and in any event, within 72 hours afi 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT 8. MARRIED NEVER MARRIED ⊆ WIDOWED M DIVORCED [ and campletely filled remove carban pape D. CITY OR TOWN OF BEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) INDUSTRY 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY/OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE A 13b. COUNTY YES NOT 14 FATHER'S NAME. IS. MOTHER'S MAIDEN NAME First Middle 160. WAS DECEASED EVER IN U.S. ARMED FORCES? A 66. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or-unknown) (If yes give war or dates of service) 577-10-6892B APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and 19. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) signed by the burial-transit rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ficate has been s far use as the b f Health priar ta b Page 4 may be retained by the haspital ar attending 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [ NO E O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year State Dept. af If either, notify medical examiner) P.M. directar, page 3 shauld be detached shauld be filed with the State Dept. of 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while ot work 22a. I certify that (1) (this haspital) attended the deceased from... 1968, and that in (my) (o<del>ur)</del> apinian death accurred an the date and havr and fram the saw the deceased alive an\_ causes stated abave, (I) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING STAFF PHYS. MAD DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CHEMATORY 23d, LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE (County) (Stote) anor Pro Geo Md Colmar REMOVAL (Specify) Ft Lincoln Cemetery 1968 Buria 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) F. Gasch's Sons Hyattsville, Md. 30M REV, 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle Last 2o. DATE OF DEATH 2b. HOUR death (Type or print) Month unera ded MARY REEN lease remave carban papers. Pages Tand in any event, within 72 haurs after 3. SEX RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. after 6. AGE (In years Pages last birthday) MONTHS DAYS Nov. 10, 18 ÷ C YRS. requires that the death certificate be executed within 24 hours 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Washington .⊆ TRINCE DC S. A. WIDOWED T DIVORCED [ JEORGOS completely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Housewife give street oddress) INDUSTRY 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES -NO T hir30 S.Dakota Ave.N.E. Wash 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Middle and Gilcrest Archie Thompson physician a 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, na, or unknown V. Dietz same as above 215-54-5088 Mrs. Nellie crematian, or remaval, attending p APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. d hou IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE signed by the burial-transit Conditions, if ony, which gove ) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse physician burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending the director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior ta has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO [ OR ATTENDING PHYSICIAN: TO FUNERAL DIRECTOR: After this certificate 4 may be retained by the hospital or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M be detached ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while at work , 196/, ta\_ sow the deceased olive an law 5 1968, and that in (my) (our) opinion death accurred on the date and have and from the 3 shauld causes stoted above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS. PHYS TO HOSPITAL (Page 4 may b 22d. PHYSICIAN'S 22e. ADDRESS Michigan NAME (Type) SHAW 1324 DR. RichARD 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23o. BURIAL, CREMATION (County) (State) 1/6/68 Washington, D Glenwood Cemetery 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Washington, D.C. S. H. Hines Co. 1968 30M REV, 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01430 CERTIFICATE OF DEATH 2b. HOUR A DECEASED-NAME Middle Lost 20. DATE OF DEATH deathe death. ond (Type or print) 19. Do 1968 Year 11:05M Sophie Gross Jan. burial-transit permit. Then pleose remove corbon papers. Pages 1 burial, crematian, or removal, and in any event, within 72 hours ofter 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR requires that the death certificate be executed within 24 hours often lost birthdoy) Feb. 28, 1888 Female Negroid 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED the ottending physicion and completely filled in sit permit. Then please remove corban papers. country) WIDOWED X DIVORCED [ Prince Georges Maryland 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)

Domestic give street oddress)
Prince Geo. Gen'l Hospital **INDUSTRY** Cheverly 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE

Maryland 13b. COUNTY Prince 610 48th Ave. Georges 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle Lost Middle Edward Gross Sarah Johnson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Yes, no. or unknown) Mary Carrol 60 48 Capital 212-56-053 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove ) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Poge 4 may be retained by the hospital or attending os the has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? NO T be detached for use State Dept. of Health O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while of work 22a. I certify that this haspital) attended the deceased from Dec. 25, 1967, to Jan. 19, 1968, that (We) last saw the deceased alive an Jan 19 \_188\_, and that in (next (aur) apinian death accurred an the date and haur and fram the causes stated abave, (a) (we) (did) (did (not) view the bady after death. 22b. SIGNATURE 22c. DATE director, page 3 should be filed v DEGREE DIRECTOR PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Prince Georges General Hospital Frederick H. Wilhelm. M. 230. BUNIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (Stote) REMOVAL (Specify) StEdmond Ch. Cem Sunderland Cal Md 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) DATEJAN 30M REV. 1/68

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